Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

RIMKUS CONSULTING GROUP, INC.

8 GREENWAY PLAZA
SUITE 500
HOUSTON, TX 77046

2b Employer Identification Number (EIN)
76-0163936

2c Sponsor's telephone number
713-621-3550

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2013	WILLIAM SANTAITI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2013	WILLIAM SANTAITI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RIMKUS CONSULTING GROUP, INC.

8 GREENWAY PLAZA
SUITE 500
HOUSTON, TX 77046

3b Administrator's EIN
76-0163936

3c Administrator's telephone number
713-621-3550

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	474
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**	489
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	68
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	557
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	557
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	351
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

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

A Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIMKUS CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
76-0163936

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.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
71-0294708	86509	ZH9542	557	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
76648	0

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

BBVA COMPASS INS AGENCY INC
ATTN DARREN GUERRERA
15 20TH ST S FL 6
BIRMINGHAM, AL 35233

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
76648			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1756489
5	Current value of plan's interest under this contract in separate accounts at year end	5	14951517

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	58567		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7411		
	(4) Transferred from separate account	7c(4)	75283		
	(5) Other (specify below)	7c(5)	1622653		
	▶ ASSET TRANSFER LOAN REPAYMENTS				
	(6) Total additions			7c(6)	1763914
d	Total of balance and additions (add **b** and **c(6)**).			7d	1763914
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7425		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	7425
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1756489

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

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

A Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIMKUS CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
76-0163936

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RIDGEWORTH FUNDS

58-1604573

(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?
28 52 63	INVESTMENT PRODUCT PROVID	1025	Yes [X] No [ ]	Yes [ ] No [X]	10420	Yes [ ] No [X]

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

ING LIFE INSURANCE AND ANNUITY COMP

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 65	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	10224	Yes [ ] No [X]

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

ING MUTUAL FUNDS

95-4516049

(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?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes [X] No [ ]	Yes [ ] No [X]	6556	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	2397

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING LARGE CAP GROWTH PORTFOLIO INST 20-0573935	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1127

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING MIDCAP OPPORTUNITIES PORT I 06-6493760	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1073

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING TEMPLETON FOREIGN EQTY PORT SRV 20-3606522	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
RIDGEWORTH FUNDS	28 52	2277

(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.
RIDGEWORTH AGGR GRWTH ALLOC STRAT I 23-2897955	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RIDGEWORTH FUNDS	28 52	1125

(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.
RIDGEWORTH GRWTH ALLOC STRATEGY I 23-2897956	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RIDGEWORTH FUNDS	28 52	1030

(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.
RIDGEWORTH LRG CP VALUE EQUITY FND 23-2704456	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

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
RIDGEWORTH FUNDS	28 52 63	2324
(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.	
RIDGEWORTH MD CP VALUE EQUITY FND A 23-3095663	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RIDGEWORTH FUNDS	28 52	3665
(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.	
RIDGEWORTH MOD ALLOCATION STRATEGY 23-2897957	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	

(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

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(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.

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

A Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RIMKUS CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
76-0163936

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

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

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO

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)
71-0294708-000	P	14951517

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIMKUS CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
76-0163936

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	3386	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	212286	246082
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15452437	14951517
(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)		1756489
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	15668109	16954088
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15668109	16954088

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)	289367	
(B) Participants	2a(1)(B)	2190574	
(C) Others (including rollovers)	2a(1)(C)	114408	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2594349
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)	10736	
(F) Other	2b(1)(F)	7411	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18147
(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)		-159922
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2452574
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1121795	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1121795
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		43775
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1025	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1025
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1166595
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1285979
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PANNELL,KERR FORSTER OF TEXAS, P.C. (2) EIN: 76-0356844

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
RIMKUS CONSULTING GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIMKUS CONSULTING GROUP, INC.

D Employer Identification Number (EIN)
76-0163936

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): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rimkus Consulting Group, Inc.
401(k) Plan

Financial Statements
and Supplemental Schedule

December 31, 2011

Rimkus Consulting Group, Inc. 401(k) Plan

December 31, 2011

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Schedule H, Line 4i – Schedule of Assets Held at End of Year 13

Schedules not included herein are omitted because of the absence of the conditions under which they are required.

PANNELL KERR FORSTER OF TEXAS, P.C.

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Houston, Texas 77057-3092
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www.pkftexas.com

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rimkus Consulting Group, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Rimkus Consulting Group, Inc. 401(k) 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 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 5, which was certified by John Hancock Life Insurance Company and by ING Life Insurance and Annuity Company, the custodians of the Plan for 2011 and 2010, respectively, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from these custodians as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's financial statements 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 custodians, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

As discussed in Note 1 to the financial statements, certain errors resulting in the overstatement of amounts previously reported for pooled separate accounts and net appreciation in fair value of investments as of and for the year ended December 31, 2011, were discovered by the Plan administrator during the current year. Accordingly, amounts reported for pooled separate accounts and net appreciation in fair value of investments have been restated in the 2011 financial statements now presented, and an adjustment has been made to net assets available for benefits as of and for the year ended December 31, 2011, to correct the error. Our opinion is not modified with respect to that matter.

Pannell Kerr Forster of Texas, P.C.

October 1, 2012
(Except for Note 1, which the date is October 1, 2013)

PKF Member of PKF International Limited, a network of legally independent firms.

Rimkus Consulting Group, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2011 (Restated)	2010
Assets		
Investments at fair value		
Pooled separate accounts	$ 14,951,518	$ 15,455,824
Guaranteed investment contract	1,756,489	-
Total investments at fair value	16,708,007	15,455,824
Notes receivable from participants	246,082	212,285
Total assets	16,954,089	15,668,109
Liabilities		
Excess contributions refundable	35,285	65,422
Total liabilities	35,285	65,422
Net assets available for benefits	$ 16,918,804	$ 15,602,687

See notes to financial statements.

Rimkus Consulting Group, Inc. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2011 (Restated)	2010
Additions to net assets		
Investment income		
Interest and dividends	$ 7,568	$ -
Net appreciation in fair value of investments	-	1,740,156
Total investment income	7,568	1,740,156
Interest on notes receivable from participants	10,736	8,787
Contributions		
Participant contributions	2,155,289	2,069,551
Employer contributions	289,367	274,861
Rollover contributions	114,408	49,484
Total contributions	2,559,064	2,393,896
Total additions	2,577,368	4,142,839
Deductions from net assets		
Net depreciation in fair value of investments	156,752	-
Benefits paid directly to participants	1,100,143	1,209,758
Administrative expenses	4,356	3,235
Total deductions	1,261,251	1,212,993
Net increase in net assets available for benefits	1,316,117	2,929,846
Net assets available for benefits, beginning of year	15,602,687	12,672,841
Net assets available for benefits, end of year	$ 16,918,804	$ 15,602,687

See notes to financial statements.

Rimkus Consulting Group, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2011

Note 1 - Description of the Plan

The following description of Rimkus Consulting Group, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the *Plan Document* for a more complete description of the Plan's provisions, which is available from the Plan administrator.

General

The Plan is a defined contribution plan established on April 3, 1992 covering all full time employees of Rimkus Consulting Group, Inc. (the "Company" or "Employer") who are age 21 or older. The Plan was most recently amended and restated on October 1, 2011. The Plan is administered by the Company. John Hancock Life Insurance Company ("John Hancock") served as the Plan custodian for the year ended December 31, 2010 and for the period from January 1, 2011 to September 30, 2011. Effective October 1, 2011, the Plan approved a change in the custodian to ING Life Insurance and Annuity Company ("Custodian" or "ING").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Participants may elect to defer a specified amount or percentage of their compensation as contributions to the Plan. Contributions are subject to certain limitations. The Company, at its discretion, may make matching and profit sharing contributions to the Plan. Effective January 1, 2009, the Company elected to match 25% of the first 6% of annual eligible participant compensation deferred up to $100,000. The matching contributions are limited to $125 per month and/or $1,500 per year per participant. There were no profit sharing contributions to the Plan in 2011 or 2010. Participants direct the investment of their contributions as well as the Company's contribution into various investment options offered by the Plan. The Plan currently offers several pooled separate accounts and a guaranteed investment contract with an insurance company as investment options for participants.

A participant who receives a qualifying distribution from a former employer's retirement savings plan may contribute the distribution to the Plan, provided that such contribution qualifies as a rollover contribution in accordance with Section 402 of the Internal Revenue Code ("IRC") or is made by a direct trust-to-trust transfer.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's contribution, if any, and Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of the Plan (Continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants employed as of December 31, 2008 are 100% vested in the Company's contributions. Participants hired after December 31, 2008 are vested in the Company's contribution portion of their accounts based on years of service. Participants begin vesting at 25% after one year of service, increasing 25% each year thereafter, with the participant 100% vested after four years.

Forfeitures

The Plan provides that nonvested portions of Company contributions are forfeited by terminated participants and may be used to reduced Company matching contributions. There were no forfeitures applied to reduce the Company contributions during 2011 or 2010. As of December 31, 2011 and 2010, the Plan had $8,553 and $3,386, respectively, of forfeitures which had not yet been applied.

Payment of benefits

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or payment by some other method of distribution as specified in the *Plan Document*.

If the value of the participant's vested account balance (excluding rollover contributions) is less than $5,000, the Company is allowed to distribute the entire vested account balance out of the Plan. If the value of the participant's vested account balance is more than $1,000 but less than $5,000 and the participant does not consent to a lump sum distribution, the account balance will be distributed to an individual retirement account for the benefit of the participant at the direction of the Plan administrator. If the participant's vested account balance is greater than $5,000, the participant may elect to receive a lump sum distribution, roll the balance into another qualified retirement plan or an individual retirement account, or leave the vested balance in the Plan. Any taxable distribution paid by the Custodian directly to the participant will be subject to mandatory federal income tax withholding of 20% of the requested distribution.

Notes receivable from participants

Participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years. However, if the note is for the purchase of a principal residence, the Plan administrator may permit a longer repayment term. The notes are secured by the balance in the participant's account and bear interest at 1% over the prime rate index.

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.

Note 1 - Description of the Plan (Continued)

Restatement

Subsequent to the issuance of the December 31, 2011 financial statements, accounting adjustments were discovered by the Custodian that affect the previously issued statements as of and for the year ended December 31, 2011. These adjustments were the result of a correction of an error previously reported and certified by the Custodian for pooled separate accounts and the net appreciation in fair value of investments. Accordingly, the financial statements as of and for the year ended December 31, 2011 have been restated. The overall impact of these restatements on the financial statements is as follows:

	2011	
	Previously Reported	As Restated
Statement of Net Asset Available for Benefit:		
Pooled separate accounts	$ 15,544,274	$ 14,951,518
Total assets	17,546,845	16,954,089
Net assets available for benefits	17,511,560	16,918,804
Statement of Changes in Net Asset Available for Benefit:		
Net appreciation in fair value of investments	$ 436,004	$ -
Net depreciation in fair value of investments	-	(156,752)
Net increase in net assets available for benefits	1,908,873	1,316,117
Net assets available for benefits, end of year	17,511,560	16,918,804

Note 2 - Summary of Significant Accounting Policies

Accounting method

The accompanying financial statements are presented on the accrual basis of accounting.

Recent accounting pronouncement

The Financial Accounting Standards Board ("FASB") issued new guidance to clarify the application of existing fair value measurement requirements while other amendments change certain principles or requirements for measuring or disclosing information about fair value. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions will have on the Plan's financial statements.

Valuation of investments and income recognition

The Plan's investments are stated 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 3 regarding 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.

Note 2 - Summary of Significant Accounting Policies (Continued)

Valuation of investments and income recognition (continued)

The Plan recognizes net appreciation or depreciation in the fair value of its investments. Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the fair value at the beginning of the year or the purchase price if the investment is acquired during the year. The realized gain or loss on the sale of investments is determined using historical cost. Upon the sale of an investment, the current year realized appreciation or depreciation is adjusted for unrealized gains and losses recognized in prior years. Unrealized appreciation or depreciation and realized gains and losses are reported as net appreciation or depreciation in fair value of investments in the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions, based upon terms of the *Plan Document*, upon liquidation of their account balance.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Risks and uncertainties

The Plan provides for investments in various investment securities, which in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. Plan participants bear the risk of any Plan investment losses.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Note 3 - Fair Value Measurements

The Plan uses a three-level hierarchy, in accordance with the fair value standard, that establishes a hierarchy for grouping assets and liabilities, based on the significance of inputs. The hierarchy of fair value measurements is described below:

- Level 1 – quoted prices in active markets for identical assets or liabilities;

Note 3 - Fair Value Measurements (Continued)

- Level 2 – inputs other than level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of these assets or liabilities; or

- Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to 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:

- Guaranteed investment contract – This investment is a diversified portfolio which invests in a fully benefit-responsive investment contract issued by ING. Pursuant to the terms of the investment contract, the investment is contractually obligated to repay the principal and a specified interest rate to the Plan. The investment consists primarily of U.S. corporate and foreign securities, commercial and residential mortgage loans and short-term investments, and is intended to provide a stable crediting rate consistent with stability and preservation of principal. See Note 6.

- Pooled separate accounts – These investments are valued daily at the net asset value of shares or units held by the Plan based on the quoted market value of the underlying assets as provided by the Custodian. All investments in this category can be redeemed daily, have a daily redemption notice period, and have no unfunded commitments. The investments underlying the funds primarily include domestic and global equities, domestic and global fixed income securities, common stock, bonds, and cash or cash equivalents. In the event that a pooled separate account fund initial valuation is not deemed representative of market value, the trustee or its advisors may make adjustments as approved by the respective trustee board of directors to achieve a price believed to be more reflective of fair value.

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

Note 3 - Fair Value Measurements (Continued)

The Plan's investments measured at fair value are as follow as of December 31, 2011 (restated):

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Aggressive allocation	$ -	$ 441,998	$ -	$ 441,998
Bond	-	2,815,845	-	2,815,845
Conservative allocation	-	592,755	-	592,755
International	-	1,338,486	-	1,338,486
Large blend	-	2,045,201	-	2,045,201
Large growth	-	1,699,603	-	1,699,603
Large value	-	779,967	-	779,967
Mid cap blend	-	364,933	-	364,933
Mid cap growth	-	532,199	-	532,199
Mid cap value	-	661,909	-	661,909
Moderate allocation	-	1,628,947	-	1,628,947
Money market	-	8,554	-	8,554
Retirement income	-	16,455	-	16,455
Small blend	-	378,781	-	378,781
Small growth	-	404,010	-	404,010
Small value	-	200,401	-	200,401
Target	-	1,041,474	-	1,041,474
Guaranteed investment contract	-	-	1,756,489	1,756,489
Total	$ -	$ 14,951,518	$ 1,756,489	$ 16,708,007

The Plan's investment measured at fair value are as follow as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Bond	$ 2,128,866	$ -	$ -	$ 2,128,866
Conservative allocation	1,406,862	-	-	1,406,862
International	1,833,339	-	-	1,833,339
Large blend	2,376,956	-	-	2,376,956
Large growth	1,534,639	-	-	1,534,639
Large value	768,183	-	-	768,183
Mid cap blend	462,840	-	-	462,840
Mid cap growth	499,504	-	-	499,504
Mid cap value	852,029	-	-	852,029
Moderate allocation	393,238	-	-	393,238
Money market	1,539,315	-	-	1,539,315
Small blend	336,559	-	-	336,559
Small growth	262,308	-	-	262,308
Small value	139,273	-	-	139,273
Target	921,913	-	-	921,913
Total	$ 15,455,824	$ -	$ -	$ 15,455,824

Note 3 - Fair Value Measurements (Continued)

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

	Guaranteed Investment Contract
Balance, beginning of year	$ -
Interest income	7,411
Purchases and settlements	1,756,502
Sales and issuances	(7,424)
Balance, end of year	$ 1,756,489

Note 4 - Investments

Investments that represent 5% or more of the Plan's net assets are as follows as of December 31:

	2011 (Restated)	2010
Lifestyle Moderate	$ -	$ 967,263
RiverSource Mid Cap Value	-	852,029
Strategic Income Opp Fund	-	1,191,419
The Growth Fund of America	-	1,335,622
EuroPacific Growth Fund	-	856,740
Money Market Fund	-	1,539,315
500 Index Fund	-	1,218,055
PIMCO Total Return - Class A	-	937,447
ING Large Cap Growth Portfolio - Institutional Class	1,623,293	-
Vanguard 500 Index Fund - Signal Shares	1,081,871	-
RidgeWorth Moderate Allocation Strategy - Class I Shares	1,628,947	-
AllianceBernstein High Income Fund - Class R	1,084,748	-
PIMCO Total Return - Class D	1,731,097	-
ING Fixed Account	1,756,489	-

During the years ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by ($156,752) and $1,740,156, respectively.

Note 5 - Information Certified by the Custodians (Unaudited)

For the Plan years 2011 and 2010, the financial information included in the Plan's financial statements, except for contributions, excess contributions refundable, benefits paid to participants and administrative expenses, has been derived from information certified as complete and accurate by the Custodians, in accordance with 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Note 6 - Investment Contract with Insurance Company

In 2011, the Plan entered into a fully benefit-responsive investment contract (the "Contract") with the Custodian. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Contract value, as reported to the Plan by the Custodian, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct withdrawals or transfer all or a portion of their investment at contract value.

The Contract can be redeemed daily unless the amounts transferred from the Contract are being transferred to a competing contract for a period of 90 calendar days beginning on the date such an amount is transferred from the account or if a partial transfer has occurred within the last 90 calendar days. Participants may be subject to a surrender charge or market value adjustment upon early liquidation of their investment in the Contract.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00% and is guaranteed for the life of the Contract.

The declared interest rate credited during a contract year shall not be less than the guaranteed rate for such contract year. The average yield as of December 31, 2011 for the guaranteed interest account was 1.85%. The rate of credited interest was 1.85% as of December 31, 2011.

Note 7 - Plan Tax Status

The Plan received its latest favorable determination letter dated March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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.

Note 8 - Party-In-Interest Transactions

The Plan incurs expenses related to general administration and recordkeeping. These expenses and certain accounting and auditing fees relating to the Plan are paid by the Company as the Plan sponsor.

Plan investments are pooled separate accounts managed by John Hancock and ING and, therefore, qualify as party-in-interest transactions.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2011 (Restated)	2010
Net assets available for benefits per the financial statements	$ 16,918,804	$ 15,602,687
Add: Excess contributions refundable	35,285	65,422
Other	(1)	-
Net assets available for benefits per Form 5500	$ 16,954,088	$ 15,668,109

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500 for the years ended December 31:

	2011 (Restated)	2010
Net increase in net assets available for benefits per the financial statements	$ 1,316,117	$ 2,929,846
Add: Excess contributions refundable, end of year	35,285	65,422
Less: Excess contributions refundable, beginning of year	(65,422)	(62,438)
Other	(1)	(3)
Net income per Form 5500	$ 1,285,979	$ 2,932,827

Note 10 - Excess Contributions

Participant contributions for 2011 and 2010 are net of payments of $35,285 and $65,422, respectively, that were made prior to March 15, 2012 and 2011, respectively, to certain active participants to return to them excess deferred contributions as required to satisfy the relevant non-discrimination provision of the Plan.

Note 11 - Subsequent Events

Management has evaluated subsequent events as of October 1, 2012, which was the date the financial statements were available to be issued, and has determined that there are no subsequent events to be disclosed.

Supplemental Schedule

Rimkus Consulting Group, Inc.
401(k) Plan

Financial Statements
and Supplemental Schedule

December 31, 2011

Rimkus Consulting Group, Inc. 401(k) Plan

December 31, 2011

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Schedules not included herein are omitted because of the absence of the conditions under which they are required.

PANNELL KERR FORSTER OF TEXAS, P.C.

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INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Rimkus Consulting Group, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Rimkus Consulting Group, Inc. 401(k) 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 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 5, which was certified by John Hancock Life Insurance Company and by ING Life Insurance and Annuity Company, the custodians of the Plan for 2011 and 2010, respectively, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from these custodians as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's financial statements 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 custodians, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

As discussed in Note 1 to the financial statements, certain errors resulting in the overstatement of amounts previously reported for pooled separate accounts and net appreciation in fair value of investments as of and for the year ended December 31, 2011, were discovered by the Plan administrator during the current year. Accordingly, amounts reported for pooled separate accounts and net appreciation in fair value of investments have been restated in the 2011 financial statements now presented, and an adjustment has been made to net assets available for benefits as of and for the year ended December 31, 2011, to correct the error. Our opinion is not modified with respect to that matter.

Pannell Kerr Forster of Texas, P.C.

October 1, 2012
(Except for Note 1, which the date is October 1, 2013)

PKF Member of PKF International Limited, a network of legally independent firms.

Rimkus Consulting Group, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2011 (Restated)	2010
Assets		
Investments at fair value		
Pooled separate accounts	$ 14,951,518	$ 15,455,824
Guaranteed investment contract	1,756,489	-
Total investments at fair value	16,708,007	15,455,824
Notes receivable from participants	246,082	212,285
Total assets	16,954,089	15,668,109
Liabilities		
Excess contributions refundable	35,285	65,422
Total liabilities	35,285	65,422
Net assets available for benefits	$ 16,918,804	$ 15,602,687

See notes to financial statements.

Rimkus Consulting Group, Inc. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2011 (Restated)	2010
Additions to net assets		
Investment income		
Interest and dividends	$ 7,568	$ -
Net appreciation in fair value of investments	-	1,740,156
Total investment income	7,568	1,740,156
Interest on notes receivable from participants	10,736	8,787
Contributions		
Participant contributions	2,155,289	2,069,551
Employer contributions	289,367	274,861
Rollover contributions	114,408	49,484
Total contributions	2,559,064	2,393,896
Total additions	2,577,368	4,142,839
Deductions from net assets		
Net depreciation in fair value of investments	156,752	-
Benefits paid directly to participants	1,100,143	1,209,758
Administrative expenses	4,356	3,235
Total deductions	1,261,251	1,212,993
Net increase in net assets available for benefits	1,316,117	2,929,846
Net assets available for benefits, beginning of year	15,602,687	12,672,841
Net assets available for benefits, end of year	$ 16,918,804	$ 15,602,687

See notes to financial statements.

Rimkus Consulting Group, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2011

Note 1 - Description of the Plan

The following description of Rimkus Consulting Group, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the *Plan Document* for a more complete description of the Plan's provisions, which is available from the Plan administrator.

General

The Plan is a defined contribution plan established on April 3, 1992 covering all full time employees of Rimkus Consulting Group, Inc. (the "Company" or "Employer") who are age 21 or older. The Plan was most recently amended and restated on October 1, 2011. The Plan is administered by the Company. John Hancock Life Insurance Company ("John Hancock") served as the Plan custodian for the year ended December 31, 2010 and for the period from January 1, 2011 to September 30, 2011. Effective October 1, 2011, the Plan approved a change in the custodian to ING Life Insurance and Annuity Company ("Custodian" or "ING").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Participants may elect to defer a specified amount or percentage of their compensation as contributions to the Plan. Contributions are subject to certain limitations. The Company, at its discretion, may make matching and profit sharing contributions to the Plan. Effective January 1, 2009, the Company elected to match 25% of the first 6% of annual eligible participant compensation deferred up to $100,000. The matching contributions are limited to $125 per month and/or $1,500 per year per participant. There were no profit sharing contributions to the Plan in 2011 or 2010. Participants direct the investment of their contributions as well as the Company's contribution into various investment options offered by the Plan. The Plan currently offers several pooled separate accounts and a guaranteed investment contract with an insurance company as investment options for participants.

A participant who receives a qualifying distribution from a former employer's retirement savings plan may contribute the distribution to the Plan, provided that such contribution qualifies as a rollover contribution in accordance with Section 402 of the Internal Revenue Code ("IRC") or is made by a direct trust-to-trust transfer.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's contribution, if any, and Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of the Plan (Continued)

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants employed as of December 31, 2008 are 100% vested in the Company's contributions. Participants hired after December 31, 2008 are vested in the Company's contribution portion of their accounts based on years of service. Participants begin vesting at 25% after one year of service, increasing 25% each year thereafter, with the participant 100% vested after four years.

Forfeitures

The Plan provides that nonvested portions of Company contributions are forfeited by terminated participants and may be used to reduced Company matching contributions. There were no forfeitures applied to reduce the Company contributions during 2011 or 2010. As of December 31, 2011 and 2010, the Plan had $8,553 and $3,386, respectively, of forfeitures which had not yet been applied.

Payment of benefits

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or payment by some other method of distribution as specified in the *Plan Document*.

If the value of the participant's vested account balance (excluding rollover contributions) is less than $5,000, the Company is allowed to distribute the entire vested account balance out of the Plan. If the value of the participant's vested account balance is more than $1,000 but less than $5,000 and the participant does not consent to a lump sum distribution, the account balance will be distributed to an individual retirement account for the benefit of the participant at the direction of the Plan administrator. If the participant's vested account balance is greater than $5,000, the participant may elect to receive a lump sum distribution, roll the balance into another qualified retirement plan or an individual retirement account, or leave the vested balance in the Plan. Any taxable distribution paid by the Custodian directly to the participant will be subject to mandatory federal income tax withholding of 20% of the requested distribution.

Notes receivable from participants

Participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years. However, if the note is for the purchase of a principal residence, the Plan administrator may permit a longer repayment term. The notes are secured by the balance in the participant's account and bear interest at 1% over the prime rate index.

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.

Note 1 - Description of the Plan (Continued)

Restatement

Subsequent to the issuance of the December 31, 2011 financial statements, accounting adjustments were discovered by the Custodian that affect the previously issued statements as of and for the year ended December 31, 2011. These adjustments were the result of a correction of an error previously reported and certified by the Custodian for pooled separate accounts and the net appreciation in fair value of investments. Accordingly, the financial statements as of and for the year ended December 31, 2011 have been restated. The overall impact of these restatements on the financial statements is as follows:

	2011	
	Previously Reported	As Restated
Statement of Net Asset Available for Benefit:		
Pooled separate accounts	$ 15,544,274	$ 14,951,518
Total assets	17,546,845	16,954,089
Net assets available for benefits	17,511,560	16,918,804
Statement of Changes in Net Asset Available for Benefit:		
Net appreciation in fair value of investments	$ 436,004	$ -
Net depreciation in fair value of investments	-	(156,752)
Net increase in net assets available for benefits	1,908,873	1,316,117
Net assets available for benefits, end of year	17,511,560	16,918,804

Note 2 - Summary of Significant Accounting Policies

Accounting method

The accompanying financial statements are presented on the accrual basis of accounting.

Recent accounting pronouncement

The Financial Accounting Standards Board ("FASB") issued new guidance to clarify the application of existing fair value measurement requirements while other amendments change certain principles or requirements for measuring or disclosing information about fair value. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions will have on the Plan's financial statements.

Valuation of investments and income recognition

The Plan's investments are stated 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 3 regarding 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.

Note 2 - Summary of Significant Accounting Policies (Continued)

Valuation of investments and income recognition (continued)

The Plan recognizes net appreciation or depreciation in the fair value of its investments. Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the fair value at the beginning of the year or the purchase price if the investment is acquired during the year. The realized gain or loss on the sale of investments is determined using historical cost. Upon the sale of an investment, the current year realized appreciation or depreciation is adjusted for unrealized gains and losses recognized in prior years. Unrealized appreciation or depreciation and realized gains and losses are reported as net appreciation or depreciation in fair value of investments in the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions, based upon terms of the *Plan Document*, upon liquidation of their account balance.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Risks and uncertainties

The Plan provides for investments in various investment securities, which in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. Plan participants bear the risk of any Plan investment losses.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Note 3 - Fair Value Measurements

The Plan uses a three-level hierarchy, in accordance with the fair value standard, that establishes a hierarchy for grouping assets and liabilities, based on the significance of inputs. The hierarchy of fair value measurements is described below:

- Level 1 – quoted prices in active markets for identical assets or liabilities;

Note 3 - Fair Value Measurements (Continued)

- Level 2 – inputs other than level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of these assets or liabilities; or

- Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to 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:

- Guaranteed investment contract – This investment is a diversified portfolio which invests in a fully benefit-responsive investment contract issued by ING. Pursuant to the terms of the investment contract, the investment is contractually obligated to repay the principal and a specified interest rate to the Plan. The investment consists primarily of U.S. corporate and foreign securities, commercial and residential mortgage loans and short-term investments, and is intended to provide a stable crediting rate consistent with stability and preservation of principal. See Note 6.

- Pooled separate accounts – These investments are valued daily at the net asset value of shares or units held by the Plan based on the quoted market value of the underlying assets as provided by the Custodian. All investments in this category can be redeemed daily, have a daily redemption notice period, and have no unfunded commitments. The investments underlying the funds primarily include domestic and global equities, domestic and global fixed income securities, common stock, bonds, and cash or cash equivalents. In the event that a pooled separate account fund initial valuation is not deemed representative of market value, the trustee or its advisors may make adjustments as approved by the respective trustee board of directors to achieve a price believed to be more reflective of fair value.

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

Note 3 - Fair Value Measurements (Continued)

The Plan's investments measured at fair value are as follow as of December 31, 2011 (restated):

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Aggressive allocation	$ -	$ 441,998	$ -	$ 441,998
Bond	-	2,815,845	-	2,815,845
Conservative allocation	-	592,755	-	592,755
International	-	1,338,486	-	1,338,486
Large blend	-	2,045,201	-	2,045,201
Large growth	-	1,699,603	-	1,699,603
Large value	-	779,967	-	779,967
Mid cap blend	-	364,933	-	364,933
Mid cap growth	-	532,199	-	532,199
Mid cap value	-	661,909	-	661,909
Moderate allocation	-	1,628,947	-	1,628,947
Money market	-	8,554	-	8,554
Retirement income	-	16,455	-	16,455
Small blend	-	378,781	-	378,781
Small growth	-	404,010	-	404,010
Small value	-	200,401	-	200,401
Target	-	1,041,474	-	1,041,474
Guaranteed investment contract	-	-	1,756,489	1,756,489
Total	$ -	$ 14,951,518	$ 1,756,489	$ 16,708,007

The Plan's investment measured at fair value are as follow as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Bond	$ 2,128,866	$ -	$ -	$ 2,128,866
Conservative allocation	1,406,862	-	-	1,406,862
International	1,833,339	-	-	1,833,339
Large blend	2,376,956	-	-	2,376,956
Large growth	1,534,639	-	-	1,534,639
Large value	768,183	-	-	768,183
Mid cap blend	462,840	-	-	462,840
Mid cap growth	499,504	-	-	499,504
Mid cap value	852,029	-	-	852,029
Moderate allocation	393,238	-	-	393,238
Money market	1,539,315	-	-	1,539,315
Small blend	336,559	-	-	336,559
Small growth	262,308	-	-	262,308
Small value	139,273	-	-	139,273
Target	921,913	-	-	921,913
Total	$ 15,455,824	$ -	$ -	$ 15,455,824

Note 3 - Fair Value Measurements (Continued)

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

	Guaranteed Investment Contract
Balance, beginning of year	$ -
Interest income	7,411
Purchases and settlements	1,756,502
Sales and issuances	(7,424)
Balance, end of year	$ 1,756,489

Note 4 - Investments

Investments that represent 5% or more of the Plan's net assets are as follows as of December 31:

	2011 (Restated)	2010
Lifestyle Moderate	$ -	$ 967,263
RiverSource Mid Cap Value	-	852,029
Strategic Income Opp Fund	-	1,191,419
The Growth Fund of America	-	1,335,622
EuroPacific Growth Fund	-	856,740
Money Market Fund	-	1,539,315
500 Index Fund	-	1,218,055
PIMCO Total Return - Class A	-	937,447
ING Large Cap Growth Portfolio - Institutional Class	1,623,293	-
Vanguard 500 Index Fund - Signal Shares	1,081,871	-
RidgeWorth Moderate Allocation Strategy - Class I Shares	1,628,947	-
AllianceBernstein High Income Fund - Class R	1,084,748	-
PIMCO Total Return - Class D	1,731,097	-
ING Fixed Account	1,756,489	-

During the years ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by ($156,752) and $1,740,156, respectively.

Note 5 - Information Certified by the Custodians (Unaudited)

For the Plan years 2011 and 2010, the financial information included in the Plan's financial statements, except for contributions, excess contributions refundable, benefits paid to participants and administrative expenses, has been derived from information certified as complete and accurate by the Custodians, in accordance with 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Note 6 - Investment Contract with Insurance Company

In 2011, the Plan entered into a fully benefit-responsive investment contract (the "Contract") with the Custodian. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

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The Contract can be redeemed daily unless the amounts transferred from the Contract are being transferred to a competing contract for a period of 90 calendar days beginning on the date such an amount is transferred from the account or if a partial transfer has occurred within the last 90 calendar days. Participants may be subject to a surrender charge or market value adjustment upon early liquidation of their investment in the Contract.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00% and is guaranteed for the life of the Contract.

The declared interest rate credited during a contract year shall not be less than the guaranteed rate for such contract year. The average yield as of December 31, 2011 for the guaranteed interest account was 1.85%. The rate of credited interest was 1.85% as of December 31, 2011.

Note 7 - Plan Tax Status

The Plan received its latest favorable determination letter dated March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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.

Note 8 - Party-In-Interest Transactions

The Plan incurs expenses related to general administration and recordkeeping. These expenses and certain accounting and auditing fees relating to the Plan are paid by the Company as the Plan sponsor.

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Add: Excess contributions refundable, end of year	35,285	65,422
Less: Excess contributions refundable, beginning of year	(65,422)	(62,438)
Other	(1)	(3)
Net income per Form 5500	$ 1,285,979	$ 2,932,827

Note 10 - Excess Contributions

Participant contributions for 2011 and 2010 are net of payments of $35,285 and $65,422, respectively, that were made prior to March 15, 2012 and 2011, respectively, to certain active participants to return to them excess deferred contributions as required to satisfy the relevant non-discrimination provision of the Plan.

Note 11 - Subsequent Events

Management has evaluated subsequent events as of October 1, 2012, which was the date the financial statements were available to be issued, and has determined that there are no subsequent events to be disclosed.

Supplemental Schedule

Rimkus Consulting Group, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year
Employer Identification Number: 76-0163936 - Plan Number: 001
December 31, 2011

a	b	c	d	e
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity date**	**Cost**	**Current value**
		Pooled Separate Accounts		
*	ING Life Insurance and Annuity Company	American Funds EuroPacific Growth Fund - Class R-4	**	$ 546,676
*	ING Life Insurance and Annuity Company	ING Templeton Foreign Equity Portfolio - Service Class	**	315,861
*	ING Life Insurance and Annuity Company	ING Global Value Choice Fund - Class I	**	475,949
*	ING Life Insurance and Annuity Company	ING MidCap Opportunities Portfolio - Class I	**	532,199
*	ING Life Insurance and Annuity Company	Invesco Van Kampen Small Cap Value Fund - Class A	**	200,401
*	ING Life Insurance and Annuity Company	Lord Abbett Developing Growth Fund - Class A	**	404,010
*	ING Life Insurance and Annuity Company	ING Value Choice Fund - Class I	**	202,656
*	ING Life Insurance and Annuity Company	Columbia Mid Cap Index Fund - Class A Shares	**	364,933
*	ING Life Insurance and Annuity Company	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	**	661,909
*	ING Life Insurance and Annuity Company	Royce Low-Priced Stock Fund - Class K	**	378,781
*	ING Life Insurance and Annuity Company	Fidelity Blue Chip Growth Fund	**	76,310
*	ING Life Insurance and Annuity Company	ING Large Cap Growth Portfolio - Institutional Class	**	1,623,293
*	ING Life Insurance and Annuity Company	Invesco Diversified Dividend Fund - Class A	**	408,823
*	ING Life Insurance and Annuity Company	Vanguard 500 Index Fund - Signal Shares	**	1,081,871
*	ING Life Insurance and Annuity Company	RidgeWorth Large Cap Value Equity Fund - Class A Shares	**	371,144
*	ING Life Insurance and Annuity Company	RidgeWorth Conservative Allocation Strategy - Class I Shares	**	592,755
*	ING Life Insurance and Annuity Company	American Century LIVESTRONG 2015 Portfolio - Investor Class	**	298,594
*	ING Life Insurance and Annuity Company	American Century LIVESTRONG 2025 Portfolio - Investor Class	**	325,245
*	ING Life Insurance and Annuity Company	American Century LIVESTRONG 2035 Portfolio - Investor Class	**	289,544
*	ING Life Insurance and Annuity Company	American Century LIVESTRONG 2045 Portfolio - Investor Class	**	128,091
*	ING Life Insurance and Annuity Company	American Century LIVESTRONG Income Portfolio - Investor Class	**	16,455
*	ING Life Insurance and Annuity Company	RidgeWorth Moderate Allocation Strategy - Class I Shares	**	1,628,947
*	ING Life Insurance and Annuity Company	RidgeWorth Growth Allocation Strategy - Class I Shares	**	441,998
*	ING Life Insurance and Annuity Company	RidgeWorth Aggressive Growth Allocation Strategy - Class I	**	760,674
*	ING Life Insurance and Annuity Company	AllianceBernstein High Income Fund - Class R	**	1,084,748
*	ING Life Insurance and Annuity Company	PIMCO Total Return Fund - Class D	**	1,731,097
*	ING Life Insurance and Annuity Company	ING Money Market Fund - Class A (Holding Account)	**	8,554
		Guaranteed Investment Contract		
*	ING Life Insurance and Annuity Company	ING Fixed Account	**	1,756,489
*	Participant Loans	Principal balances ranging up to $37,700 accruing interest at 4.25% to 6.00% per annum, secured by participants' individual vested accrued benefits, maturing from 2012 to 2020.	-	246,082

* Party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.