

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
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>C.R.M.I. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>02/01/1997</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CORPORATE RESOURCE MANAGEMENT INCORPORATED</u> <u>JANIS EDWARDS</u> <u>11318 N. MAY, SUITE D</u> <u>OKLAHOMA CITY, OK 73120</u>	2b Employer Identification Number (EIN) <u>73-1507700</u> 2c Sponsor's telephone number <u>405-936-0110</u> 2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2013</u>	<u>JANIS EDWARDS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
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 2444
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	1980
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	446
d Subtotal. Add lines 6a , 6b , and 6c	6d	2426
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	2428
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	779
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>C.R.M.I. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CORPORATE RESOURCE MANAGEMENT INCORPORATED</u>	D Employer Identification Number (EIN) <u>73-1507700</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

<u>SENTINEL FUNDS</u>	<u>1 NATIONAL LIFE DRIVE</u> <u>MONTPELIER, VT 05604</u>
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

<u>THE MANAGERS FUNDS</u>	<u>333 WEST WACKER DRIVE</u> <u>SUITE 1200</u> <u>CHICAGO, IL 60606</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>THE AMERICAN FUNDS GROUP</u>	<u>333 SOUTH HOPE STREET</u> <u>LOS ANGELES, CA 90071-1406</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<u>BLACKROCK FUNDS</u>	<u>40 EAST 52ND STREET</u> <u>NEW YORK, NY 10022</u>
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DREYFUS CORPORATION

200 PARK AVENUE
NEW YORK, NY 10166

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

DWS INVESTMENTS

345 PARK AVENUE 27TH FLOOR
NEW YORK, NY 10154

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

EAGLE FAMILY OF FUNDS

880 CARILLON PARKWAY
P.O. BOX 10520
ST. PETERSBURG, FL 33733-0520

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

FIDELITY INVESTMENTS

82 DEVONSHIRE ST, L9C
BOSTON, MA 02109-3614

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

THE FLEX FUNDS

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

GOLDMAN SACHS ASSET MANAGEMENT GROU

ONE NEW YORK PLAZA
NEW YORK, NY 10004

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

HARBOR FUNDS

ONE SEAGATE, 14TH FLOOR
TOLEDO, OH 43604-1572

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

HEARTLAND ADVISORS, INC.

789 N. WATER STREET
MILWAUKEE, WI 53202

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

INVESCO INVESTMENTS

ONE MIDTOWN PLAZA
1360 PEACHTREE ST. NE
ATLANTA, GA 30309

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

J.P. MORGAN INVESTMENT MANAGEMENT I

522 FIFTH AVENUE, FLOOR 13
NEW YORK, NY 10036

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

JANUS FUNDS

151 DETROIT STREET
DENVER, CO 80206

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

JOHN HANCOCK FUNDS

601 CONGRESS STREET
BOSTON, MA 02210

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

LAZARD FUNDS

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112-6300

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

LEGG MASON

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

NATIONWIDE FUNDS GROUP

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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

OAKMARK FAMILY OF FUNDS

P.O. BOX 219558
KANSAS CITY, MO 64121-9558**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS

498 SEVENTH AVENUE
10TH FLOOR
NEW YORK, NY 10018**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO FUNDS

840 NEWPORT CENTER DRIVE
SUITE 300
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIONEER FUNDS

60 STATE STREET
BOSTON, MA 02109-1820**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL INVESTORS

1100 INVESTMENT BLVD.
SUITE 200
EL DORADO HILLS, CA 95762**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL

100 MULBERRY STREET
GATEWAY CENTER THREE
NEWARK, NJ 07102**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIDGEWORTH INVESTMENTS

50 HURT PLAZA, SUITE 1400
ATLANTA, GA 30303**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21201-1009

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

THORNBURG INVESTMENT MANAGEMENT

119 EAST MARCY STREET
SANTA FE, NM 87501

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

VAN ECK ASSOCIATES CORPORATION

99 PARK AVENUE
NEW YORK, NY 10016

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

VICTORY FUNDS

127 PUBLIC SQUARE
14TH FLOOR
CLEVELAND, OH 44114

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

WADDELL & REED, INC.

6300 LAMAR AVENUE
SHAWNEE MISSION, KS 66202

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

WELLS FARGO FUNDS

525 MARKET ST.
SAN FRANCISCO, CA 94105

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

FIRST INDEPENDENT FINANCIAL SE

6660 S. SHERIDAN RD. STE 260
TULSA, OK 74133-5352

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
38 64 65	INVEST/RECORDKEEPING	51651	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

PENSION SOLUTIONS, INC.

9400 N. BROADWAY
SUITE 410
OKLAHOMA CITY, OK 73114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 38 49 15	THIRD PARTY ADMINISTRATOR	36052	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

MEEDER ADVISORY SERVICES

6125 MEMORIAL DRIVE
P.O. BOX 7177
DUBLIN, OH 43017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	PROF. MONEY MGR.	29	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan C.R.M.I. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE RESOURCE MANAGEMENT INCORPORATED	D Employer Identification Number (EIN) 73-1507700	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	38153	76684
(2) Participant contributions	1b(2)	87922	134543
(3) Other.....	1b(3)	9295	21736
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)	397131	382757
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	12839253	13611270
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13371754	14226990

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13371754	14226990
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	490532	
(B) Participants	2a(1)(B)	902724	
(C) Others (including rollovers)	2a(1)(C)	59	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1393315
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)	19735	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19735
(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)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1695585
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3108635

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1300220	
(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)		1300220
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	36052	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1336272

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1772363
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		917127

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		1328927
4b		X	

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

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

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

5b(1) Name of plan(s)

BRUCE EASTMAN PC 401(K) PLAN

TLC RETIREMENT SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
26-3368042	001
45-0391154	333

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>C.R.M.I. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CORPORATE RESOURCE MANAGEMENT INCORPORATED</u>	D Employer Identification Number (EIN) <u>73-1507700</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Financial Statements
December 31, 2012 and 2011
C.R.M.I. 401(k) Plan

Independent Auditor's Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets Held at End of Year	15
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	17



Independent Auditor's Report

The Plan Administrator
C.R.M.I. 401(k) Plan
Oklahoma City, OK

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C.R.M.I. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we are not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i-Schedule of Assets Held At End of Year as of December 31, 2012, and Schedule H, Line 4a-Schedule of Delinquent Participant Contributions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Eric Sully LLP". The signature is written in a cursive, flowing style.

Oklahoma City, Oklahoma
October 14, 2013

C.R.M.I. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value	\$ 13,611,271	\$ 12,839,253
Notes receivable from participants	382,757	397,131
Contributions receivable		
Participant	134,543	87,922
Employer	76,684	38,153
Loan payments receivable	<u>21,736</u>	<u>9,295</u>
Net Assets Available for Benefits	<u>\$ 14,226,991</u>	<u>\$ 13,371,754</u>

C.R.M.I. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2012

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 1,695,585
Total investment income	<u>1,695,585</u>
Interest income on notes receivable from participants	<u>19,735</u>
Contributions	
Participant	902,724
Employer	490,532
Rollover	60
Total contributions	<u>1,393,316</u>
Total additions	<u>3,108,636</u>
Deductions	
Benefits paid to participants	(1,300,220)
Transfer of assets from plan	(917,127)
Administrative fees	(36,052)
Total deductions	<u>(2,253,399)</u>
Net Increase	855,237
Net Assets Available for Benefits	
Beginning of year	<u>13,371,754</u>
End of year	<u>\$ 14,226,991</u>

Note 1 - Description of Plan

The following brief description of the C.R.M.I. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering qualified employees of Corporate Resource Management, Inc. (the Company and Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees of Corporate Resource Management, Inc., and related entities (Missouri Corporate Resource, Inc., Illinois Corporate Resource, Inc., Oklahoma Corporate Resource, Inc., Texas Corporate Resource, Inc., Kansas Corporate Resource, Inc., Wisconsin Corporate Resource, Inc., Corporate Business Services, Inc., Alliance Foam Technologies, L.L.C., Teva Diamonds, and Pet Stop of New England) are eligible to participate in the Plan upon employment.

Entry Date

Employees may enter the Plan on the first day of the month coinciding with or following the date they satisfy the Plan's eligibility requirements.

Contributions

Each year, participants may elect to contribute up to 80% of their pre-tax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

The Company makes safe harbor matching contributions of 100% of the first 3% of base compensation that a participant contributes to the Plan. An additional 50% is matched on the participant deferral between 3% and 5% of compensation. During the year ended December 31, 2012 the employer contributed safe harbor matching contributions of \$490,532. Additional matching contributions may be made at the discretion of the Company's management. No such additional discretionary matching contributions were made for the year ended December 31, 2012.

Participants' Accounts

Each participant's account is credited with the participant's contribution, the Company's safe harbor matching contribution (if any), and the Company's discretionary matching contribution (if any) and plan earnings, and charged with withdrawals, plan losses, and an allocation of administrative expenses. Allocations are based on participant's earnings or account balances, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

Vesting

Participants are vested immediately in their contributions and employer safe harbor matching contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching contribution portion of their accounts (if any) is based on years of continuous service. A year of service for purposes of vesting is a consecutive 12-month period ending on the last day of each Plan Year during which the employee has 1,000 or more hours of service.

Vesting is based on years of credited service as set forth in the following table:

<u>Participant's Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

Participants leaving the Plan forfeit their non-vested employer discretionary matching contributions. The non-vested amounts are forfeited on the earlier of the distribution of the participant's entire vested account balance, or once the participant incurs five consecutive one-year Breaks in Service.

As of December 31, 2012 and 2011, forfeited non-vested accounts totaled \$5,893 and \$1,602, respectively. These accounts will be used to pay Plan expenses or reduce future employer contributions. During the year ended December 31, 2012, forfeited non-vested accounts were not used.

Notes Receivable from Participants

Participants may borrow from their fund accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed, as determined quarterly by the Plan administrator. Interest rates are currently 5.25%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the loan were used to acquire the participant's residence, in which case the loan will be 10 years. A participant may have no more than two outstanding loans at any one time.

Payment of Benefits

Upon termination of service for reasons other than death, disability, or retirement, a participant or designated beneficiary (if applicable) 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 partial lump sum payments as defined in the Plan Document. If a participant's account balance is less than \$1,000, the participant's account will automatically be distributed. If the account balance exceeds \$1,000, including amounts attributed to rollovers, the participant's account will not be automatically distributed. However, the participant may elect to receive the benefit. The distribution will then be made to the participant within a reasonable time after termination of employment and consent to the distribution. In addition, if a participant attains age 60 while still employed by the Company, he or she may elect to withdraw all or a portion of his or her vested balance. Certain early distributions made upon early termination of employment may be subject to a penalty.

Upon retirement at normal retirement age of 65, the participant is entitled to receive his or her entire account balance. In addition, a participant who retires due to a disability will also be entitled to 100% of their account balance.

Death Benefits

The designated beneficiary is entitled to 100% of the participant's balance if the participant was employed at the time of death. If the participant was not employed at the time of death, the designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance.

Other

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 set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - Significant Accounting Policies and Use of Estimates

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based on the terms of the Plan document.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Fees

Certain administrative expenses of the Plan are paid by the Plan Sponsor as provided in the Plan document.

Note 3 - Investments

The Plan's investments which exceed 5 percent of net assets available for benefits as of December 31, 2012 and 2011, are as follows:

	2012	2011
Growth Fund of America R3	\$ 2,213,887	\$ 1,884,084
NW S&P 500 Index SC	1,209,892	1,208,303
Van Kamp Comstock Fd A	1,141,005	1,053,417
Oakmark Global Fund II	1,135,097	1,120,197
T Rowe Pr Gr Stk Fnd R Shs	928,962	829,918
Money Market Mutual Fund	832,653	894,266
NW Govt Bond A	798,952	970,032
Harbor Sm Cap Gr Fd Inv Cl	*	675,140

* Investment balance less than 5% of the Plan's net assets for the applicable year

During the year ended December 31, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Omnibus Account	\$ 1,695,585
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The classification of investment earnings reported above and in the statement of changes in net assets may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Note 4 - Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Omnibus account: Valued at the fair value based on the net asset value (NAV) of the observable market prices of the underlying assets within that account less liabilities.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

2012				
	(Level 1)	(Level 2)	(Level 3)	Total
Omnibus Account				
Mutual Funds				
Large Cap Stock Funds	\$ -	\$ 6,120,898	\$ -	\$ 6,120,898
Bond Funds	-	1,929,520	-	1,929,520
Balanced Funds	-	1,585,724	-	1,585,724
Mid Cap Stock Funds	-	1,245,573	-	1,245,573
International Stock Funds	-	1,148,557	-	1,148,557
Small Cap Stock Funds	-	630,537	-	630,537
Specialty Funds	-	111,944	-	111,944
Short Term Bonds	-	5,865	-	5,865
	-	12,778,618	-	12,778,618
Money Market Mutual Funds	-	832,653	-	832,653
Total investments at fair value	<u>\$ -</u>	<u>\$ 13,611,271</u>	<u>\$ -</u>	<u>\$ 13,611,271</u>
2011				
	(Level 1)	(Level 2)	(Level 3)	Total
Omnibus Account				
Mutual Funds				
Large Cap Stock Funds	\$ -	\$ 5,558,861	\$ -	\$ 5,558,861
Bond Funds	-	1,798,647	-	1,798,647
Balanced Funds	-	1,500,198	-	1,500,198
Mid Cap Stock Funds	-	1,160,847	-	1,160,847
International Stock Funds	-	1,130,646	-	1,130,646
Small Cap Stock Funds	-	677,066	-	677,066
Specialty Funds	-	113,581	-	113,581
Short Term Bonds	-	5,141	-	5,141
	-	11,944,987	-	11,944,987
Money Market Mutual Funds	-	894,266	-	894,266
Total investments at fair value	<u>\$ -</u>	<u>\$ 12,839,253</u>	<u>\$ -</u>	<u>\$ 12,839,253</u>

Fair Value Measurement and Disclosure (Topic 820): Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) requires disclosures of certain attributes in entities that calculate a net asset value per share (or its equivalent) and do not have a readily determinable fair value. The following tables set forth the disclosure of the attributes at December 31, 2012 and 2011:

		2012		
		Fair Value	Unfunded Commitments	Redemption Frequency
				Redemption Notice Period
Multi-Strategy				
Omnibus Account		\$ 13,611,271	\$ -	Daily
				Daily
		2011		
		Fair Value	Unfunded Commitments	Redemption Frequency
				Redemption Notice Period
Multi-Strategy				
Omnibus Account		\$ 12,839,253	\$ -	Daily
				Daily

The multi-strategy omnibus account is made up of sub-accounts that hold different types of investments that have a variety of investment objectives. The account requires advance notice and the redemption will occur no later than 5 business days following the receipt of written instructions from the authorized representative unless a participant is invested in a funding vehicle with a greater redemption time standard. Transfers will be made within 12 business days following the receipt of such written notice.

Nationwide Trust Company will monitor electronic trades for individual participants and apply the following guidelines to limit abusive trading practices. Upon completing 11 electronic trades within 2 consecutive quarters of a calendar year or upon completing 20 electronic trades within a calendar year, a Participant will be restricted from requesting additional electronic trades for the remainder of the calendar year. Participants who become restricted from additional electronic trading may continue to request trades in the required format via U.S. mail. The restriction will be effective until the next calendar year at which time the restriction will be lifted.

A redemption/exchange fee applies to certain shares redeemed or exchanged within 90 calendar days after the date they were purchased. This fee is intended to discourage frequent trading of Fund shares that can negatively affect the Fund's performance.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classifications of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no significant transfers in or out of levels 1, 2, or 3.

Note 5 - Information Certified by the Custodian

The Plan Administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified by Nationwide Trust Company, FSB, the custodian.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Nationwide Trust Company, FSB, the custodian of the Plan, and furnished to the Plan Administrator.

	2012	2011
Statements of Net Assets		
Mutual Funds	\$ 12,778,618	\$ 11,944,987
Money Market Mutual Funds	832,653	894,266
Statement of Changes in Net Assets - Investment Income		
Net appreciation in fair value of investments	1,695,585	

Supplemental Schedule: All omnibus accounts including the underlying mutual fund and money market mutual fund balances and information included in the supplemental Schedule of Assets Held at End of Year.

Note 6 - Tax Status

The Plan uses a volume submitter plan sponsored by Pension Solutions, Inc. which received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the volume submitter document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS and the volume submitter plan has been amended since receiving the opinion letter. During the Plan years ended December 31, 2012 and 2011, the Plan remitted certain participant contributions to the custodian later than required by Department of Labor Regulations. In order to prevent the Plan from incurring a qualification defect, the Plan will take the appropriate corrective action as further detailed in Note 11. The Plan's Sponsor believes that the Plan has maintained its tax exempt status; therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 2009.

Note 7 – Plan Transfers

During the year ended December 31, 2012, there were changes to the participating employers in the Plan. As a result, on January 4, 2012, total assets of \$58,980 relating to employees of Eastman Law Firm PC were transferred out of the Plan.

Additionally, on May 21, 2012, total assets of \$858,147 relating to employees of Barlow Truck Lines, Inc. were transferred out of the Plan.

These transfers out of the Plan are included in the “Transfer of assets from plan” line item of the accompanying Statement of Changes in Net Assets Available for Benefits.

Note 8 - Related Party and Party-In-Interest Transactions

Certain Plan investments are units of an omnibus fund managed by Nationwide Fund Advisors. Nationwide Fund Advisors is an affiliated entity to Nationwide Trust Company, FSB, who is the custodian as defined by the Plan. Therefore, these transactions qualify as exempt party-in interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on each fund. Fees of \$36,052 were paid to service providers of the Plan for administrative services for the year ended December 31, 2012.

Note 9 - Risks and Uncertainties

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

Note 10 – Plan Amendments

The Plan was amended during the year ended December 31, 2011 to comply with recent legislative and regulatory changes.

Note 11 - Nonexempt Party-in-Interest Transactions

During the years ended December 31, 2012 and 2011, the Company remitted participant deferrals and loan payments totaling \$961,957 and \$366,970, respectively, to the custodian later than required by Department of Labor Regulation 2510.3-102. The Plan Sponsor intends to file form 5330 with the IRS and pay the required excise tax on the transactions. In addition, participant accounts will be credited with the amount of investment income that would have been earned had the participant contribution been remitted on a timely basis.

Note 12 – Subsequent Events

The Plan sponsor has evaluated subsequent events through October 14, 2013, the date which the financial statements were available to be issued.

On January 28, 2013, the Company reimbursed the Plan for lost earnings totaling \$617 related to 2011 delinquent employee contributions, as described in Note 11.



Supplemental Schedules
December 31, 2012

C.R.M.I. 401(k) Plan

C.R.M.I. 401(k) Plan

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

December 31, 2012

EIN: 73-1507700

Plan: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Omnibus Account			
	Mutual Funds			
*	Capital Research & Management Co.	Growth Fund of America R3	N/A	\$ 2,213,887
*	Nationwide Fund Advisors	NW S&P 500 Index SC	N/A	1,209,892
*	Invesco Advisers, Inc.	Van Kamp Comstock Fd A	N/A	1,141,005
*	Harris Associates L.P.	Oakmark Global Fund II	N/A	1,135,097
*	T. Rowe Price Associates, Inc.	T Rowe Pr Gr Stk Fnd R Shs	N/A	928,962
*	Nationwide Fund Advisors	NW Govt Bond A	N/A	798,952
*	Eagle Asset Management, Inc.	Eagle Series Tr MdCap Gr A	N/A	664,113
*	Harbor Capital Advisors Inc.	Harbor Sm Cap Gr Fd Inv Cl	N/A	628,167
*	Pacific Investment Management Co LLC	PIMCO TtlRetrn Fnd Cls A	N/A	474,215
*	Principal Management Corp.	Prncple Inv Hi Yld A	N/A	402,028
*	JP Morgan Investment Advisors Inc.	JPM MidCap Value A	N/A	313,245
*	Capital Research and Management Co.	Am Fds Amer Bal Fund R3 Shs	N/A	294,146
*	Thornburg Investment Management, Inc.	Thornburg Intl Value Fd I	N/A	284,714
*	Nationwide Fund Advisors	NW Inv Dest Mod Cnsrv SC	N/A	270,078
*	Ridgeworth Capital Management, Inc.	RdgWrth MdCap Val Eq I	N/A	247,067
*	Nationwide Fund Advisors	NW Inv Dest Mod Aggr Sc	N/A	230,747
*	Nationwide Fund Advisors	NW Inv Dest Cnsrv SC	N/A	196,706
*	Nationwide Fund Advisors	NW Inv Dest Aggr SC	N/A	195,839
*	Meeder Asset Management Inc.	Flex Ttl Rtn Bd	N/A	176,216
*	Meeder Asset Management Inc.	Flex Mrfld	N/A	153,227
*	Meeder Asset Management Inc.	Flex Defn Bal	N/A	150,984
*	Nationwide Fund Advisors	NW Inv Dest Mod SC	N/A	140,846
*	Meeder Asset Management Inc.	Flex Dynmc Gr	N/A	98,726
*	Meeder Asset Management Inc.	Flex Strat Gr	N/A	89,272
*	Principal Management Corp.	Prncpl Hi Yld Inst	N/A	46,251
*	Meeder Asset Management Inc.	Flex Aggr Gr	N/A	34,278
*	Van Eck Associates Corporation	Van Eck Intnatl Inv Gold A	N/A	31,969
*	Harris Associates L.P.	Oakmark International II	N/A	19,949
*	Pioneer Investment Management Inc.	Pioneer Bond A	N/A	19,336
*	Meeder Asset Management Inc.	Flex Util Infr - specialty	N/A	17,751
*	T. Rowe Price Associates, Inc.	TRowePR Hlth Scnc	N/A	15,795
*	Meeder Asset Management Inc.	Flex Qntx - mid cap	N/A	14,870
*	John Hancock Advisers, LLC	JnHnck Frr China Oppr A	N/A	14,685
*	Ivy Investment Management Co.	Wr Ivy Pacfc Oppr Y	N/A	14,285
*	T. Rowe Price Associates, Inc.	TrowePr Bal	N/A	13,077
*	BlackRock Advisors, LLC.	BlkRk GNMA Inv A	N/A	8,836
*	Franklin Mutual Advisers, LLC.	Franklin Tmp Forgn A	N/A	8,299
*	Vanguard Group, Inc	Vngrd Hlth Care Inv	N/A	7,083
*	Vanguard Group, Inc	Vngrd Enrgy Inv	N/A	6,959
*	OppenheimerFunds, Inc.	Opp Gold & Sp Mineral Fd A	N/A	5,230
*	Ivy Investment Management Co.	Ivy Science and Tech Fnd Y	N/A	3,715
*	Capital Research and Management Co.	New World R3	N/A	3,371

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan

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

December 31, 2012

Plan: 001

EIN: 73-1507700

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Dreyfus Corp.	Drey Appreciation Fund	N/A	3,243
*	Legg Mason Partners Fund Advisor LLC	LeggM Btry March Em Mkts Inst	N/A	3,164
*	Vanguard Group, Inc	Vngrd Wlsly Inc Inv	N/A	3,163
*	Wells Fargo Funds Management LLC	WFA Emrg Mkt Eq A	N/A	2,771
*	Janus Capital Management LLC	Jns frty S	N/A	2,762
*	Prudential Investments LLC	Dryden Gl RealEst A	N/A	2,672
*	Fidelity Mgmt & Research Company	Fid Adv Leveraged Co Stk A	N/A	2,551
*	BlackRock Advisors, LLC.	BlkRk Eq Divd Inv A	N/A	2,233
*	Invesco Advisors, Inc.	AIM Energy Fund IC	N/A	2,214
*	Goldman Sachs Asset Mgmt, LP	GdmnScs Shrt Dur Govt Inst	N/A	2,036
*	Deutsche Inv Mgmt Americas, Inc.	DWS VS LgCap Val A	N/A	2,031
*	Wells Fargo Funds Management LLC	WFA Shrt Dur Govt. bd A	N/A	1,984
*	Ivy Investment Management Co.	WR Ivy Hi Inc	N/A	1,854
*	JP Morgan Investment Advisors Inc.	JPM Trsry Angcy Sel	N/A	1,845
*	Pacific Investment Management Co LLC	PIMCO Invmnt Grd Corp Bd A	N/A	1,832
*	Yacktmn	Mrgs Ycktmn Focs Svc	N/A	1,744
*	Rydex Investments	Rydex SGI Bio Adv	N/A	1,689
*	Ridgeworth Capital Management, Inc.	Rdgwrth Lg Cap Val Eq I	N/A	1,686
*	Ridgeworth Capital Management, Inc.	RdgWrth SmCap Val Eq I	N/A	1,659
*	OppenheimerFunds, Inc.	Oppnhmr Devl Markets Fd A	N/A	1,442
*	Prudential Investments LLC	Jennison Utility Fund	N/A	1,251
*	Wells Fargo Funds Management LLC	WFAF Common Stock Fnd Cl A	N/A	1,107
*	Victory Capital Management	Vic Estblshd Val A	N/A	1,030
*	Invesco Advisors, Inc.	AIM Divrs Divd Inv	N/A	1,021
*	Sentinel Asset Management, Inc.	Sntnl Govt Sec A	N/A	976
*	T. Rowe Price Associates, Inc.	TRowePr Cap App	N/A	897
*	Ivy Investment Management Co.	Ivy Asset Strategy Fd Cl Y	N/A	866
*	BlackRock Advisors, LLC.	BlkRk Hlth Scnc Oppr Inv A	N/A	688
*	Janus Capital Management LLC	Jns Prkns Mdcap Val S	N/A	614
*	Invesco Advisers, Inc.	VanKamp SmCap Val A	N/A	375
*	Vanguard Group, Inc	Vanguard Eqt Income Fd Inv Shr	N/A	353
*	Lazard Asset Management LLC	Lazard Emrg Mkt Eq Open	N/A	348
*	Heartland Advisors, Inc.	Heartland Val Pls Inv	N/A	336
*	Ivy Investment Management Co.	Ivy Large Cap Grth Fd Cl Y	N/A	311
	Total Mutual Funds			<u>12,778,618</u>
	Money Market Mutual Funds			
*	NW Money Market Inst.	Money Market Mutual Fund	N/A	<u>832,653</u>
	Participant Loans			
*	Various participants	Maturing 2013 - 2017 Interest rates 5.25%	\$ -	<u>382,757</u>
	Total assets held at end of year			<u><u>\$13,994,028</u></u>

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2012
Plan: 001

EIN: 73-1507700

Total that Constitute Nonexempt Prohibited Transactions							Total Fully Corrected Under VFCP and PTE 2002-51
Year Contributions Were Payable	Participant Contributions Transferred Late to Plan	Late Participant Loan Repayments are Included (Yes/No)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2012	\$ 961,957	Yes	\$ 961,957	\$ -	\$ -	\$ -	-
2011	\$ 366,970	Yes	\$ 366,970	* \$ -	\$ -	\$ -	-

* Lost earnings of \$617 were funded to the plan in 2013.

C.R.M.I. 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2012
Plan: 001

EIN: 73-1507700

Total that Constitute Nonexempt Prohibited Transactions							Total Fully Corrected Under VFCP and PTE 2002-51
Year Contributions Were Payable	Participant Contributions Transferred Late to Plan	Late Participant Loan Repayments are Included (Yes/No)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2012	\$ 961,957	Yes	\$ 961,957	\$ -	\$ -	\$ -	-
2011	\$ 366,970	Yes	\$ 366,970	* \$ -	\$ -	\$ -	-

* Lost earnings of \$617 were funded to the plan in 2013.

C.R.M.I. 401(k) Plan

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

December 31, 2012

EIN: 73-1507700

Plan: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Omnibus Account			
	Mutual Funds			
*	Capital Research & Management Co.	Growth Fund of America R3	N/A	\$ 2,213,887
*	Nationwide Fund Advisors	NW S&P 500 Index SC	N/A	1,209,892
*	Invesco Advisers, Inc.	Van Kamp Comstock Fd A	N/A	1,141,005
*	Harris Associates L.P.	Oakmark Global Fund II	N/A	1,135,097
*	T. Rowe Price Associates, Inc.	T Rowe Pr Gr Stk Fnd R Shs	N/A	928,962
*	Nationwide Fund Advisors	NW Govt Bond A	N/A	798,952
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*	Principal Management Corp.	Prncple Inv Hi Yld A	N/A	402,028
*	JP Morgan Investment Advisors Inc.	JPM MidCap Value A	N/A	313,245
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*	Nationwide Fund Advisors	NW Inv Dest Aggr SC	N/A	195,839
*	Meeder Asset Management Inc.	Flex Ttl Rtn Bd	N/A	176,216
*	Meeder Asset Management Inc.	Flex Mrfld	N/A	153,227
*	Meeder Asset Management Inc.	Flex Defn Bal	N/A	150,984
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*	Meeder Asset Management Inc.	Flex Aggr Gr	N/A	34,278
*	Van Eck Associates Corporation	Van Eck Intnatl Inv Gold A	N/A	31,969
*	Harris Associates L.P.	Oakmark International II	N/A	19,949
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*	Meeder Asset Management Inc.	Flex Qntx - mid cap	N/A	14,870
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*	Ivy Investment Management Co.	Wr Ivy Pacfc Oppr Y	N/A	14,285
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*	Vanguard Group, Inc	Vngrd Hlth Care Inv	N/A	7,083
*	Vanguard Group, Inc	Vngrd Enrgy Inv	N/A	6,959
*	OppenheimerFunds, Inc.	Opp Gold & Sp Mineral Fd A	N/A	5,230
*	Ivy Investment Management Co.	Ivy Science and Tech Fnd Y	N/A	3,715
*	Capital Research and Management Co.	New World R3	N/A	3,371

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan

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

December 31, 2012

Plan: 001

EIN: 73-1507700

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
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*	Legg Mason Partners Fund Advisor LLC	LeggM Btry March Em Mkts Inst	N/A	3,164
*	Vanguard Group, Inc	Vngrd Wlsly Inc Inv	N/A	3,163
*	Wells Fargo Funds Management LLC	WFA Emrg Mkt Eq A	N/A	2,771
*	Janus Capital Management LLC	Jns frty S	N/A	2,762
*	Prudential Investments LLC	Dryden Gl RealEst A	N/A	2,672
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*	BlackRock Advisors, LLC.	BlkRk Eq Divd Inv A	N/A	2,233
*	Invesco Advisors, Inc.	AIM Energy Fund IC	N/A	2,214
*	Goldman Sachs Asset Mgmt, LP	GdmnScs Shrt Dur Govt Inst	N/A	2,036
*	Deutsche Inv Mgmt Americas, Inc.	DWS VS LgCap Val A	N/A	2,031
*	Wells Fargo Funds Management LLC	WFA Shrt Dur Govt. bd A	N/A	1,984
*	Ivy Investment Management Co.	WR Ivy Hi Inc	N/A	1,854
*	JP Morgan Investment Advisors Inc.	JPM Trsry Angcy Sel	N/A	1,845
*	Pacific Investment Management Co LLC	PIMCO Invmnt Grd Corp Bd A	N/A	1,832
*	Yacktmn	Mrgs Ycktmn Focs Svc	N/A	1,744
*	Rydex Investments	Rydex SGI Bio Adv	N/A	1,689
*	Ridgeworth Capital Management, Inc.	Rdgwrth Lg Cap Val Eq I	N/A	1,686
*	Ridgeworth Capital Management, Inc.	RdgWrth SmCap Val Eq I	N/A	1,659
*	OppenheimerFunds, Inc.	Oppnhmr Devl Markets Fd A	N/A	1,442
*	Prudential Investments LLC	Jennison Utility Fund	N/A	1,251
*	Wells Fargo Funds Management LLC	WFAF Common Stock Fnd Cl A	N/A	1,107
*	Victory Capital Management	Vic Estblshd Val A	N/A	1,030
*	Invesco Advisors, Inc.	AIM Divrs Divd Inv	N/A	1,021
*	Sentinel Asset Management, Inc.	Sntnl Govt Sec A	N/A	976
*	T. Rowe Price Associates, Inc.	TRowePr Cap App	N/A	897
*	Ivy Investment Management Co.	Ivy Asset Strategy Fd Cl Y	N/A	866
*	BlackRock Advisors, LLC.	BlkRk Hlth Scnc Oppr Inv A	N/A	688
*	Janus Capital Management LLC	Jns Prkns Mdcap Val S	N/A	614
*	Invesco Advisers, Inc.	VanKamp SmCap Val A	N/A	375
*	Vanguard Group, Inc	Vanguard Eqt Income Fd Inv Shr	N/A	353
*	Lazard Asset Management LLC	Lazard Emrg Mkt Eq Open	N/A	348
*	Heartland Advisors, Inc.	Heartland Val Pls Inv	N/A	336
*	Ivy Investment Management Co.	Ivy Large Cap Grth Fd Cl Y	N/A	311
	Total Mutual Funds			<u>12,778,618</u>
	Money Market Mutual Funds			
*	NW Money Market Inst.	Money Market Mutual Fund	N/A	<u>832,653</u>
	Participant Loans			
*	Various participants	Maturing 2013 - 2017 Interest rates 5.25%	\$ -	<u>382,757</u>
	Total assets held at end of year			<u><u>\$13,994,028</u></u>

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.