# 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

**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;
- [ ] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
IQOR RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1992

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

IQOR, INC.

335 MADISON AVE
27TH FLOOR
NEW YORK, NY 10017

**2b** Employer Identification Number (EIN)
31-1591790

**2c** Sponsor's telephone number
646-274-3030

**2d** Business code (see instructions)
561440

**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. | 04/10/2014 | IAN CARROLL |
| | **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 [X] 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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 8670 |
| **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** | 7010 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1656 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 8666 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 4 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 8670 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 2157 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 89 |
| **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 3D 3H

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

- **(1)** [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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| IQOR RETIREMENT SAVINGS PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| IQOR, INC. | 31-1591790 | |

## 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)

FID. INV. OPS. CO.

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 25 64 | RECORDKEEPER | 77519 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

**A** Name of plan
IQOR RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
31-1591790

**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: FID MGD INC PORT

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **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) |
|---|---|---|
| 04-3022712-024 | C | 1469049 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

**A** Name of plan
IQOR RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
IQOR, INC.

**D** Employer Identification Number (EIN)
31-1591790

## 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) | | |
| **(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) | 488673 | 450008 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1212810 | 1469049 |
| **(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) | 14940844 | 8507171 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(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 | 16642327 | 10426228 |
| **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 | 16642327 | 10426228 |

## 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) | | |
| **(B)** Participants | 2a(1)(B) | 1208006 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 20204 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1228210 |
| **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) | 33274 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 33274 |
| **(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 |
| **(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 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 50742 |
| (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) | | -5555040 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | -4242814 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1880269 | |
| (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) | | 1880269 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 15497 |
| 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) | 77519 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 77519 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1973285 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -6216099 |
| 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)** [X] 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)? [X] Yes [ ] No

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

**(1)** Name: TOUKAN & COMPANY **(2)** EIN: 31-1081751

**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:

| | | 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 | |

| | | | 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.) | 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 | | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# Audit of
# iQor Retirement Savings Plan

## December 31, 2008 and 2007

## Index to Financial Statements


**Financial Statements**

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

**Supplemental Schedules**

Schedule of Assets Held at End of Year 17

TOUKAN & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

An Independent Member of the
plante moran
ALLIANCE

# INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the iQor Retirement Savings Plan
(Sponsored by iQor, Inc.)

We have audited the accompanying statements of net assets available for benefits of iQor Retirement Savings Plan as of December 31, 2008 and 2007, and the statements of changes in net assets available for benefit and the related notes to the financial statements for the years then ended.

**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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

**Basis for Qualified Opinion**

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

Because of inadequacies in the Plan's prior year records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan through December 31, 1999 or to satisfy ourselves as to the basis on which participants' equity is stated at that date. In addition, due to the inadequacy of the Plan's records, we were unable to perform auditing procedures related to the Plan verifying the proper circumstances were met for issuing hardship withdrawals and loans during the years ended December 31, 2008.

**Qualified Opinion**

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we been able to perform procedures with respect to the prior year's participant account balances and loan and hardship withdrawal documentation, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of iQor Retirement Savings Plan as of December 31, 2008 and 2007, and the changes in its net assets available for benefit for the years then ended in conformity with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. . Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects of such adjustments on the schedule of assets held for investments, if any, as might have been determined to be necessary had we performed procedures with respect to the information as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic financial statements taken as a whole

Toulkan & Company

Westerville, OH
March 12, 2014

**iQor Retirement Savings Plan**
**(Formerly "IntelliRisk Management Corporation Retirement Savings Plan")**
**Statements of Net Assets Available for Benefits**
**December 31, 2008 and 2007**

| | 2008 | 2007 |
|---|---|---|
| **Assets** | | |
| Investments at fair value | $ 10,351,040 | $ 16,629,289 |
| **Net assets reflecting investments at fair value** | 10,351,040 | 16,629,289 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 75,188 | 13,038 |
| **Net assets available for benefits** | $ 10,426,228 | $ 16,642,327 |

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

**iQor Retirement Savings Plan**
**(Formerly "IntelliRisk Management Corporation Retirement Savings Plan")**
**Statements of Changes in Net Assets Available for Benefits**
**For the Years Ended December 31, 2008 and 2007**

| | 2008 | 2007 |
|---|---|---|
| **Additions** | | |
| Investment income: | | |
| Net appreciation(depreciation) in fair value of investments | $ (5,892,044) | $ 1,047,034 |
| Mutual funds' earnings | 337,005 | 684,229 |
| Common collective trust's earnings | 50,742 | 44,881 |
| Interest | 33,274 | 23,324 |
| Total investment income | (5,471,024) | 1,799,468 |
| Contributions: | | |
| Employer QNEC Contributions | - | 49,432 |
| Participants | 1,208,006 | 1,460,909 |
| Rollovers | 20,204 | 91,253 |
| Total contributions | 1,228,210 | 1,601,594 |
| Total additions | (4,242,814) | 3,401,062 |
| **Deductions** | | |
| Distributions to participants | 1,895,766 | 2,947,926 |
| Administrative expenses | 77,519 | 14,134 |
| Total deductions | 1,973,285 | 2,962,060 |
| Net increase | (6,216,099) | 439,002 |
| Net assets available for plan benefits: | | |
| Beginning of year | 16,642,327 | 16,203,325 |
| End of year | $ 10,426,228 | $ 16,642,327 |

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

## 1. Description of the Plan

### General

The IQOR Retirement Savings Plan (formerly known as IntelliRisk Management Corporation Retirement Savings Plan) (the "Plan"), is a defined contribution plan covering certain employees of IntelliRisk Management Corporation (currently known as IQOR, Inc. and formerly known as IRMC, Inc.) and its wholly owned subsidiaries (the "Employer"). Employees are eligible to participate in the Plan upon the attainment of age 18. Employees received credit for purposes of eligibility for the time they worked for any of the IntelliRisk Management Corporation subsidiaries that were merged into the Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

#### *Amendment*

On April 1, 2008, the Plan was amended. The amendments included a name change to the Plan and the employer/Plan sponsor as noted above. In addition, the amendment added a provision to allow for Roth 401k contributions (see contributions below). The Plan also added an exclusion for certain executives. The amendments have no impact on benefits to the participants.

### Contributions

*Employer's contribution*

Effective January 1, 2007, the Plan was amended to exclude Employer's matching contributions in the Plan. The Employer may make a non-elective employer contribution to those participants who are employed on the last day of the Plan year and have earned at least 1,000 hours of service during the Plan year. For the Plan years ended December 31, 2008 and 2007, the Employer did not make a non-elective contribution.

*Participant's voluntary contributions*

A participant may elect to make a voluntary tax-deferred contribution of 1% to 70% of his or her annual compensation up to the maximum permitted under Section 402(g) of the Internal Revenue Code adjusted annually ($15,500 at December 31, 2008). This voluntary tax-deferred contribution may be limited by Section 401(k) of the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions up to $5,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

On April 1, 2008, the Plan was amended to allow after-tax Roth contributions in addition to the above. Roth contributions must follow the same limitations as above.

## 1. Description of the Plan (cont.)

### Investment options

Participants direct the investment of both their own and the Employer's contributions into various investment options offered by the Plan. The Plan currently offers sixteen mutual funds and a common collective trust fund as investment options.

### Vesting

A participant is always 100% vested in regular contributions, rollover contributions, qualified matching contributions and qualified non-elective contributions. Vesting under the Plan is based upon the elapsed time method. Hours of service are not counted and instead periods of service are computed. A period of service starts with a participant's date of employment and, generally, ends on date of termination. Only whole years of service are counted to compute years of service for vesting purposes. A summary of vesting percentages in the Employer's contributions follows:

| Years of Service | Percentage |
|---|---|
| Less than 1 year | 0% |
| 1 year | 25% |
| 2 years | 50% |
| 3 years | 75% |
| 4 years | 100% |

### Payment of benefits

The full value of a participant's account becomes payable upon retirement, disability, or death. Upon termination of employment for any other reason, participants' accounts, to the extent vested, become payable. Those participants with vested account balances greater than $1,000 have the option of leaving their accounts invested in the Plan until required by law to take a minimum distribution. All benefits will be paid as a lump-sum distribution or as installments. Participants also have the option of having their benefit paid directly to an eligible retirement plan specified by the participant.

Participants may obtain an in-service withdrawal from his or her account for a hardship distribution (based upon terms of the Plan) or upon reaching the age of 59½. A participant may obtain an in-service withdrawal of vested employer contributions from his or her account after the participant has at least 60 months of participation.

### Participant loans

The Plan allows participants to borrow from their account to satisfy certain immediate and heavy financial needs as defined by the Plan. The minimum loan amount is $1,000, while the maximum loan amount is the lesser of one-half of the vested balance of the participant's account or $50,000. Participants may have only one outstanding loan at a time. Loans shall bear a reasonable interest rate as determined by the Plan Administrator based on the prevailing interest rates charged by financial institutions under similar circumstances, which shall be fixed throughout the duration of the loan. All loans must be repaid on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence in which case the loan repayment period may not exceed 10 years from the date of the loan.

1. **Description of the Plan (cont.)**

**Amounts allocated to participants withdrawn from the Plan**

There was no vested portion of net assets available for benefits allocated to participants withdrawn from the plan at December 31, 2008 and 2007.

**Forfeitures**

Forfeitures may be used to reduce the employer's required contributions or to pay administrative expenses of the Plan. Forfeitures of $67,937 and $3,364 were used during the year ended December 31, 2008 to offset Plan expenses and employer qualified discretionary contributions, respectively. No forfeitures were used during the Plan year ended December 31, 2007 to offset plan expenses or employer contributions. Forfeitures of $101,588 and $118,093 have not been utilized as of December 31, 2008 and 2007, respectively, and represent unallocated assets in the Plan.

**Expenses**

Plan administration expenses are paid by the Plan unless paid by the Employer.

Brokerage fees, transfer taxes, 12b-1 fees and other expenses incurred in connection with the investment of the Plan's assets will be added to the cost of such investments or deducted from the proceeds thereof, as applicable.

2. **Summary of accounting policies**

**Basis of presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting, including investment valuation and income recognition.

**Estimates**

The Plan prepares its financial statements in conformity with generally accepted accounting principles, which requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

**Risks**

The plan provides for the various investment options as described in note 1. Any investment is exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## 2. Summary of accounting policies (cont.)

### Investment Valuation and Income Recognition

Plan investments in mutual funds are stated at fair value on an annual recurring basis, see Notes 3 and 4. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. The common collective trust, a fully benefit responsive contract, is carried at contract value because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis. Participant loans are valued at amortized cost, which is estimated to approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments.

### Benefit payments

Benefits are recorded when paid.

## 3. Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC 820-10 (formerly Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*), which provides a framework for measuring fair value under GAAP. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. 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 FASB ASC 820-10 are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**3. Fair Value Measurements (cont.)**

- Level 3 inputs are unobservable inputs for the asset or liability for which there is little, if any, market activity at measurement date. Unobservable inputs reflect the Plan's own assumptions about what market participants would use to price the asset or liability. The inputs are developed based on the best information available in the circumstances, which might include the Plan's own financial data such as internally developed pricing models, discounted cash flow methodologies, as well as instruments for which the fair value determination requires significant management judgment.

Under the Fair Value Measurements Topic of the FASB Accounting Standards Codification, the Plan bases its fair value on 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. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. It is the Plan's policy to maximize the use of observable inputs and minimize the use of unobservable inputs when developing fair value measurements, in accordance with the fair value hierarchy.

The following is a description of the valuation methodologies used for assets measured at fair value. Valuation methodologies utilized to determine fair value are consistently applied.

*Mutual Funds:* Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Common Collective Trust:* Valued at amounts as provided by the trustee, based on the current net asset value of the underlying assets held in the fund and reported by the fund daily.

*Participant Loans:* Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods 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.

**3. Fair Value Measurements (cont.)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008 and 2007:

***Assets at Fair Value as of December 31, 2008***

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 8,507,170 | | | $ 8,507,170 |
| Common collective trusts | - | $1,393,861 | | 1,393,861 |
| Participant loans | - | - | $450,009 | 450,009 |
| Total assets at fair value | $8,507,170 | $1,393,861 | $450,009 | $10,351,040 |

***Assets at Fair Value as of December 31, 2007***

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $14,940,844 | | | $ 14,940.844 |
| Common Collective Trusts | - | $1,199,772 | | 1,199,772 |
| Participant Loans | - | - | $488,673 | 488,673 |
| Total assets at fair value | $ 14,940,844 | $1,199,772- | $ 488,673 | $ 16,629,289 |

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008.

| | Participant Loans |
|---|---|
| Balance, beginning of year | $ 488,673 |
| Purchases, sales, issuances, and settlements (net) | (38,664) |
| Balance, end of year | $ 450,009 |

## 4. Investments

The Plan's investments are held by Fidelity Management Trust Company, as trustee of the Plan. The following table presents balances as of December 31, 2008 and 2007 for the Plan's current investment options. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

| | 2008 | 2007 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Mutual Funds: | | |
| Fidelity Equity Income Fund | $ 659,960 | $ 1,305,451 |
| Fidelity Fund | 532,241 | 968,380 |
| Fidelity Aggressive Growth Fund | 960,713 | 2,123,469 |
| Fidelity Balanced Fund | 728,689 | 1,122,044 |
| Fidelity Growth Company Fund | 1,531,554 | 2,739,413 |
| Fidelity Diversified International Fund | 1,283,359 | 2,568,948 |
| Fidelity Freedom 2010 Fund | 480,424 | 727,157 |
| Fidelity Freedom 2020 Fund | 460,348 | 723,817 |
| Fidelity Freedom 2030 Fund | 634,355 | 1,043,749 |
| Other | 1,235,527 | 1,618,416 |
| Total quoted market price | $ 8,507,170 | $ 14,940,844 |

| | 2008 | 2007 |
|---|---|---|
| Investments at estimated fair value: | | |
| Common collective trust, at contract value (see note 5): | | |
| Fidelity Managed Income Portfolio | $ 1,469,049 | $ 1,212,810 |
| Participant loans | 450,009 | 488,673 |
| Total estimated fair value | 1,919,058 | 1,701,483 |
| Total investments at fair value | $ 10,426,228 | $16,642,327 |

Net appreciation in the fair value of the Plan's investments (including investments bought, sold, and held during the year) for the years ended December 31, 2008 and 2007, is set forth below:

| | 2008 | 2007 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Mutual funds: | $ (5,892,044) | $ 1,055,882 |

## 5. Investment Contract with Insurance Entity

The Plan has entered into a benefit-responsive investment contract with Fidelity Insurance Company, specifically, the Fidelity Managed Income portfolio. Fidelity maintains these investments in a Trust managed by the Fidelity Management Trust Company. The portfolio is an open-ended commingled pool dedicated to the management of assets of defined contribution plan. The Trust enters into "wrapper" contracts that provide that participants can, and must, execute plan transactions at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Fidelity. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2008 and 2007 was $1,393,861 and $1,199,772, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reset on a quarterly basis.

| Average yields: | ***2008*** | ***2007*** |
|---|---|---|
| Based on actual earnings | 3.57% | 4.82% |
| Based on interest rate credited to participants | 3.04% | 4.40% |

## 6. Information Supplied by Trustee

All information included in the accompanying financial statements, except information concerning employer and employee contributions, benefit payments, and administrative expenses is unaudited and has been prepared by or summarized from reports prepared by the trustee and furnished to the plan administrator. The plan administrator has obtained certification from the trustees that such information is complete and accurate.

## 7. Tax status

The Plan was established using a Prototype Plan designed by Fidelity Management Corporation. The Prototype plan was approved in Plan Form by the Internal Revenue Service in its opinion letter dated October 9, 2003. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's third party administrator (including its tax counsel) believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**7. Tax status, continued**

During the years ending December 31, 2001 and 2000 the Plan had several failures in Plan operations (see notes 11 through 14). These errors were discovered in years subsequent to 2001. The Plan has identified corrections that need to be made related to the failures and the associated lost earnings. The Plan has completed most of the corrections for the identified failures and has presented these corrections, or proposed corrections, for approval to the Department of Labor under its Voluntary Fiduciary Correction Program ("VFCP") and to the Internal Revenue Service under its Voluntary Correction Program ("VCP"), as applicable. In its letter dated May 27, 2010, the Internal Revenue Service indicated that the proposed correction methods were appropriate and the disqualification of the Plan due to these failures would not be pursued. In its letter dated February 17, 2009, the U.S. Department of Labor, under the VFCP program, indicated that no civil enforcement action regarding the failures would be taken, as corrective actions had been completed.

The Internal Revenue Service, in their letter dated May 27, 2010, indicated that they would not pursue excise taxes related to the employee benefit plan failures. In addition, the Plan had not filed the required Forms 5500 (Reports of Employee Benefit Plan) since inception through the plan year ended December 31, 2007, with the Internal Revenue Service. The Plan submitted the completed Forms 5500 to the Internal Revenue Service under the Delinquent Filer Voluntary Correction Program (“DFVC”). The Plan has not yet filed the Form 5500 for the Plan year ended December 31, 2008 through 2012, but plans to submit the completed forms through the “DFVC” also.

**8. Plan administration**

A Committee, the members of which are appointed by the Board of Directors of the Employer, administers the Plan.

**9. Plan termination**

Although the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue their contributions at any time. iQor, Inc. has the right at any time, by action of its Board of Directors, to terminate the Plan subject to provisions of ERISA. Upon Plan termination or partial termination, participants will become fully vested in their accounts.

**10. Parties-in-interest**

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company and its subsidiaries and/or affiliates. Fidelity Management Trust Company is the trustee of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the plan to Fidelity Management Trust Company for investment management, recordkeeping and related services amounted to $77,519 and $14,134 for 2008 and 2007, respectively.

## 11. Untimely Remittance

### Late Contributions

Participant deferrals of $5,530,825 were not timely deposited in the trust during the years ended December 31, 2006 and prior. The Plan sponsor calculated the lost earnings related to the delay in transmitting the funds. The calculation was based on the rates established by the VFCP calculator using the date of loss and date of final recovery. Lost earnings on the late deposits in the amount of $8,849 and $4,559 were recorded as an additional employer contributions and employer QNEC contributions during the years ended December 31, 2007 and 2006, respectively. Accumulated earnings on the late deposits through December 31, 2006 totaled $64,736. The accumulated earnings were deposited into the Plan on December 15, 2006. An additional $1,297 of earnings accumulated on these contributions through the date of deposit and was funded to the Plan during the year ended December 31, 2008.

### Missed Funding

In plan year 2001 and prior, the Company failed to fund participant contributions in the amount of $47,146 and employer match in the amount of $17,116. These amounts were funded to participant accounts during the year ended December 31, 2006 with earnings with forfeiture funds (see note 1).

See Note 7 related to tax status and untimely remittances.

### Lost Earnings

Total lost earnings due to participants in the amount of $8,848 recognized in 2007 for late deposits and missed fundings, reduced by the earnings on over-funding. During 2007, $8,848 of lost earnings were funded to participant accounts with a QNEC contribution from the Plan sponsor.

## 12. Nondiscrimination Test Failures

For nondiscrimination test failures for the Plan years 2002 and prior, timely refunds of excess contributions were not made. As the distributions were not processed until the 2006 Plan year, the Plan Sponsor followed the one-to-one correction method. The one-to-one correction method required the Plan sponsor to contribute an equivalent amount to the Plan as a QNEC (qualified non-elective deferral) that will only be allocated to the non-highly compensated participants.

The one-to-one correction was satisfied during the year-ended December 31, 2006.

Earnings on the one-to-one corrections were originally calculated through August 2006. The corrective contribution for earnings was satisfied during December 2006; therefore, additional earnings were calculated through the date of the deposit at $35,570. During November 2007, the Plan sponsor contributed a QNEC for the additional earnings. In addition, earnings were calculated on the earnings due from December 15, 2006 (the date of the one-to-one correction) through November 2007 (the date of the additional earnings deposit). These earnings were calculated to be an additional $5,013.

**12 . Nondiscrimination Test Failures, continued**

As of November 2007, all corrective contributions with earnings related to the nondiscrimination test failures have been funded to the Plan per the proposed corrections. The Plan sponsor submitted for approval of these corrections to the Internal Revenue Service under their Voluntary Correction Program "VCP" (see note 7) regarding these failures and subsequent proposed corrections.

**13. Hardship Withdrawals**

Under the regulations, a participant that takes a hardship withdrawal is required to suspend any deferrals to the Plan for a 6 month period. Since inception, the Plan has continued to allow some participants to defer into the plan. The Plan Sponsor presented this failure to the Internal Revenue Service under their Voluntary Correction Program. The Internal Revenue Service required the Plan to prospectively suspend the deferrals of effected participants, which were still active participants, for the appropriate number of months. This suspension was subsequently confirmed for all active participants. There is no amount required to be reported in the financial statements related to this correction. See Note 7 regarding these failures and proposed corrections.

**14. Participant Loans**

The Plan has established that loans to participants shall bear a reasonable interest rate as determined by the Plan Administrator based on the prevailing interest rates charged by financial institutions under similar circumstances. Beginning January 2005 through October 15, 2007, the Plan charged interest rates on new loans that were less than determined under the terms of the plan. Effected participants with remaining outstanding loan balances will have their loans reamortized over the remaining term of the loan using an interest rate in agreement with the terms of the Plan. Participants with no outstanding balance will be required to make a contribution to the Plan in the amount of the missed interest. The Plan sponsor will contribute an amount to the Plan representing the missed earnings on any interest corrections. Participants who have left the plan will receive letters indicating the tax impact and requirements.

From July 2003 to the plan year ending December 2004, the Plan charged rates on new loans that were within the rates determined by the terms of the Plan. However, from June 2000 (inception of the plan) to June 2003, the Plan charged rates on new loans that were in excess of the rates determined by the Plan. Again from October 16, 2007 through the Plan year ended December 31, 2007, the Plan charged rates in excess of the rates determined by the Plan. Effected participants with remaining outstanding loan balances will receive a credit, applied to outstanding principal on the loan, in an amount equal to the overpayment of interest, plus earnings. Loan balances will be reamortized over the remaining term as applicable. Any amounts in excess of the loan balance will be distributed to the participant affected. Participants who have left the plan will receive letters indicating the tax impact and requirements.

**14. Participant Loans, continued**

The Plan Sponsor presented this failure to the Internal Revenue Service under their Voluntary Correction Program. Missed earnings to be contributed by the Plan sponsor will be calculated based on the highest rate of return among all investment alternatives available under the Plan from the date of the original loan to the actual date of the correction. The dollars attributable to the errors in interest rates is estimated to be immaterial to the overall financial statements and therefore not reported in these financial statements. See note 7 regarding these failures and proposed corrections.

As of the date of this report, these corrections have not been completed by the Plan.

During the year ended December 31, 2008, the Plan continued to charge interest rates above and below the Plan required rates. These variations during the Plan year 2008 ranged from .50% below the required rate to 2% above the required rate. The dollars attributable to the errors in interest rates is estimated to be immaterial to the overall financial statements and therefore not reported in these financial statements. No corrections for these errors have been proposed by the Plan.

**15. Reconciliation of Financial Statement to Form 5500**

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

| | 2008 | 2007 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 10,426,228 | $ 16,642,327 |
| Adjustment to fair value from contract value | <75,188> | |
| Net assets available for benefits per the Form 5500 | $ 10,351,040 | $ 16,642,327 |

The following is a reconciliation of the net increase per the financial statements to the Form 5500:

| | 2008 | 2007 |
|---|---|---|
| Net increase/<decrease> per the financial statements | $ <6,216,099> | $ 439,002 |
| Adjustment to earnings for fair value conversion on common collective trust | <75,188> | |
| Net increase/<decrease> per the Form 5500 | $ <6,291,287> | $ 439,002 |

**iQor Retirement Savings Plan**

SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2008

**Schedule H, line 4i**
**Schedule of Assets Held at End of Year at December 31, 2008**

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Fidelity Fund | Mutual fund – 23,385 shares | $ 782,581 | $ 532,241 |
| * | Fidelity Equity Income Fund | Mutual fund – 21,379 shares | 1,107,629 | 659,960 |
| * | Fidelity Growth Company Fund | Mutual fund – 31,282 shares | 1,956,004 | 1,531,554 |
| * | Fidelity Intermediate Bond Fund | Mutual fund – 39,433 shares | 402,808 | 358,450 |
| * | Fidelity Capital & Income Fund | Mutual fund – 47,947 shares | 373,042 | 261,790 |
| * | Fidelity Balanced Fund | Mutual fund – 55,540 shares | 992,152 | 728,689 |
| * | Fidelity Growth Strategies Fund | Mutual fund – 82,465 shares | 1,637,570 | 960,712 |
| * | Fidelity Diversified International Fund | Mutual fund – 59,663 shares | 1,773,291 | 1,283,360 |
| * | Fidelity Freedom Income Fund | Mutual fund – 13,273 shares | 148,560 | 126,888 |
| * | Fidelity Freedom 2000 Fund | Mutual fund – 31,607 shares | 376,677 | 317,646 |
| * | Fidelity Freedom 2010 Fund | Mutual fund – 46,373 shares | 632,171 | 480,425 |
| * | Fidelity Freedom 2020 Fund | Mutual fund – 45,806 shares | 638,080 | 460,348 |
| * | Fidelity Freedom 2030 Fund | Mutual fund – 64,995 shares | 938,711 | 634,355 |
| * | Fidelity Freedom 2040 Fund | Mutual fund – 21,665 shares | 194,300 | 121,105 |
| * | Fidelity Freedom 2045 Fund | Mutual fund – 1,926 shares | 19,104 | 12,674 |
| * | Fidelity Freedom 2050 Fund | Mutual fund – 5,723 shares | 58,633 | 36,973 |
| * | Fidelity Managed Income Portfolio | Common collective trust – 1,469,049 units | 1,469,049 | 1,469,049 |
| | Participant Loans | Interest 5.00% - 10.50% | 0 | 450,008 |
| | | | $ 13,500,362 | $ 10,426,228 |

* Represents a party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

**Schedule II**
**(Schedule H, line 4i) Assets Acquired and Disposed of Within the Plan Year**

None

**Schedule III**
**Partner in Interest Transaction**

Non non-exempt transactions were entered into by the Plan with persons defined as Party-in-interest within the Plan year.

**Schedule IV**
**Obligations in Default**

No loans were in default as of the close of the end of the Plan year.

**Schedule V**
**Leases in Default**

No leases were in default as the close of the end of the Plan year.

**Single Transactions in excess of 5% of plan assets:**

None

**(a) Identity of Party I (b) Description of Asset:**

None

**Series of Transactions with a single person:**

n/a

**Series of Transactions in excess of 5% of plan assets:**

None

Official Use Only

**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 sections 104 and 4065 of the Employee Retirement 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

**2008**

**This Form is Open to Public Inspection.**

For calendar year 2008 or fiscal plan year beginning , and ending ,

| **A** Name of plan | **B** Three-digit plan number ► |
|---|---|
| IQOR RETIREMENT SAVINGS PLAN | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number |
| IQOR, INC. | 31-1591790 |

## 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** $ 0 |
| **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). 04-6568107 | |
| | **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 7.** | |
| **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 ► | 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.** | |
| **6a** | Enter the minimum required contribution for this plan year | **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 7 and 8 and complete line 9.** | |
| **7** | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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

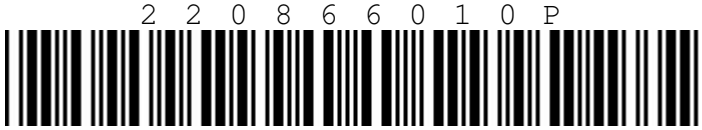
| | | |
|---|---|---|
| **8** | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions) | ☐ Increase ☐ Decrease ☐ No |

## Part IV Coverage (See Instructions.)

| | | |
|---|---|---|
| **9** | Check the box for the test this plan used to satisfy the coverage requirements | ☒ the ratio percentage test ☐ average benefit test |



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**iQor Retirement Savings Plan**

SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2008

**Schedule H, line 4i**
**Schedule of Assets Held at End of Year at December 31, 2008**

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| * | Fidelity Managed Income Portfolio | Common collective trust – 1,469,049 units | 1,469,049 | 1,469,049 |
| | Participant Loans | Interest 5.00% - 10.50% | 0 | 450,008 |
| | | | $ 13,500,362 | $ 10,426,228 |

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**(Schedule H, line 4i) Assets Acquired and Disposed of Within the Plan Year**

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**Partner in Interest Transaction**

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**Obligations in Default**

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**Schedule V**
**Leases in Default**

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**Single Transactions in excess of 5% of plan assets:**

None

**(a) Identity of Party I (b) Description of Asset:**

None

**Series of Transactions with a single person:**

n/a

**Series of Transactions in excess of 5% of plan assets:**

None