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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOCUS HR, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
FOCUS HR, INC.

6802 EAST BROADWAY BVLD.
TUCSON, AZ 85710

2b Employer Identification Number (EIN) 14-1871027

2c Sponsor's telephone number 520-721-6777

2d Business code (see instructions) 541214

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	TRACY COLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	TRACY COLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

6802 EAST BROADWAY BVLD.
TUCSON, AZ 85710

3b Administrator's EIN
14-1871027

3c Administrator's telephone number
520-721-6777

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**	762
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**	636
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	71
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	708
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	708
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	305
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FOCUS HR, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
14-1871027

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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(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 NATINOWIDE 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?
15 49	RECORDKEEPER	37668	Yes [X] No [ ]	Yes [ ] No [X]	7884	Yes [ ] No [X]

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

NATIONAL BENEFIT SERVICES, LLC

8523 SOUTH REDWOOD ROAD
WEST JORDAN, UT 84088

(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?
17 63 49 37	CONSULTANT	21409	Yes [X] No [ ]	Yes [ ] No [X]	5724	Yes [ ] No [X]

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

SAGEPOINT FINANCIAL

2800 CENTRAL AVE STE 2100
PHOENIX, AZ 85004

(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?
53	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	22152	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 ☐

(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
NATIONWIDE	15	1891

(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.
FIDELITY INVESTMENTS 100 CROSBY PARKWAY COVINGTON, KY 41015	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL BENEFIT SERVICES	17	5538

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICES FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SAGEPOINT FINANCIAL	53	22152

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION (BROKER)

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

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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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FOCUS HR, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
14-1871027

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: NATIONWIDE TRUST COMPANY

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

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)
31-4156830-000	P	4226378

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)

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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

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b Name of plan sponsor	**c** EIN-PN

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FOCUS HR, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
14-1871027

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)	70244	91579
(2) Participant contributions	1b(2)	55720	52222
(3) Other	1b(3)	2288	1404
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)	170974	152086
(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)	3249262	4226378
(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	3548488	4523669
	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	3548488	4523669

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)	292026	
	(B) Participants	2a(1)(B)	613929	
	(C) Others (including rollovers)	2a(1)(C)	19032	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		924987
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)	9197	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9197
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(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)		721464
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1655648
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	643597	
	(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)		643597
f	Corrective distributions (see instructions)	2f		36247
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)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		679844
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		975804
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		623

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CHARVOZ & FORTINO, PLLC **(2)** EIN: 20-5229464

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		100800
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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)
TUCSON HEARING CLINICS, INC. 401(K) PLAN	86-0680555	002

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
FOCUS HR, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
14-1871027

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): 31-4156830

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOCUS HR, INC. RETIREMENT PLAN

Financial Statements and Independent Auditor's Report
December 31, 2009 and 2008

FOCUS HR, INC. RETIREMENT PLAN

December 31, 2009 and 2008

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[redacted] & PLLC

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Focus HR, Inc. Retirement Plan
6802 E. Broadway Blvd.
Tucson, Arizona 85710

We were engaged to audit the financial statements of the Focus HR, Inc. Retirement Plan as of December 31, 2009 and 2008 and for the years then ended and the supplemental schedule as of and for the year ended December 31, 2009 listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information summarized in Note F which was certified by Nationwide Life Insurance Company, the Trustee, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by Nationwide Life Insurance Company, has been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, is 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.

Charvoz & Fortino, PLLC

Charvoz & Fortino, PLLC
Tucson, Arizona
October 11, 2010

FOCUS HR, INC. -
RETIREMENT PLAN
Statements of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
ASSETS		
Investments, At Fair Value:		
Participant Loans	$ 152,086	$ 170,974
Registered Investment Companies	4,226,378	3,249,262
Total Investments	4,378,464	3,420,236
Receivables:		
Participant	52,222	55,720
Employer	91,579	70,244
Other	1,404	2,288
Total Receivables	145,205	128,252
Net Assets Available for Benefits	$ 4,523,669	$ 3,548,488

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

FOCUS HR, INC. -
RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2009	2008
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments - registered investment companies	$ 721,464	$ (1,283,014)
Dividends and interest	9,197	10,571
	730,661	(1,272,443)
Contributions:		
Participants'	613,929	665,780
Employers'	292,026	239,409
Rollover	19,032	16,172
	924,987	921,361
Transfers of plan assets		1,618,726
Total Additions	1,655,648	1,267,644
DEDUCTIONS		
Transfers of plan assets	623	768,539
Benefits paid to participants	679,844	262,292
Total Deductions	680,467	1,030,831
Net Increase	975,181	236,813
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,548,488	3,311,675
End of Year	$ 4,523,669	$ 3,548,488

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

Focus HR, Inc. Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE A--DESCRIPTION OF PLAN

The following description of the Focus HR, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General. The Plan is a multi-employer plan that covers Focus HR, Inc. as well as other employers in the Southern Arizona region. The Plan is a defined contribution plan that covers substantially all full-time employees of the Companies who have satisfied certain eligibility requirements such as age and years of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. The Companies matching contributions are discretionary. Participants may contribute $16,500 per year with an additional $5,500 contribution allowed for participants age fifty or older.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocation of (a) any Company contributions and (b) Plan earnings. Allocations are based on participant contributions, and participant compensation and/or account balances, as defined in the plan documents. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Forfeitures of terminated participant's nonvested accounts are used first to pay administrative costs of the plan and then to reduce the employer contribution for the plan year in which the forfeiture occurs or for a future plan year.

Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of credited service. Each employer chooses its vesting schedule up to a maximum of six years of credited service.

Payment of Benefits. On termination of service, a participant receives a lump-sum amount equal to the value of his or her vested account. For accounts with values less than $5,000 the lump sum can be distributed without the participant's consent.

Participant Loans. Participants may borrow from their participant accounts the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Trustee. Principal and interest is paid ratably through bi-weekly deductions.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ESTIMATES

Investments: The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Participant loans are valued at cost which approximates fair value. The investment program is totally participant-directed. The investments are insured for credit risk of the issuer up to $500,000 by the Security Investor Protection Corporation with a limit of $100,000 for cash. The Company does not require collateral on these investments, however in some circumstances the insurance coverage is at the participant level.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ESTIMATES (CONTINUED)

Use of Estimates in the Preparation of Financial Statement Amounts: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE C--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

NOTE D--TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter on January 11, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE E--REGISTERED INVESTMENT COMPANIES

The registered investment company investments at December 31, 2009 and 2008 consisted of the following:

	2009	2008
NW Money Market Inst	$ 810,610	$ 748,251
Other	3,415,768	2,501,011
	$ 4,226,378	$3,249,262

NOTE F--DOL LIMITED SCOPE AUDIT

The Trustee has certified the information in the financial statements and supplemental schedule pertaining to investments in registered investment companies, including fair values, investment activity and investment income.

NOTE G -- RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by Nationwide Life Insurance Company. Nationwide Life Insurance Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Focus HR, Inc. Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE H -- RISKS AND UNCERTAINTIES

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

NOTE I -- FAIR VALUE MEASUREMENTS

December 31, 2009:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Registered Investment companies	$ 4,226,378	$ 4,226,378	$
Participant loans	152,086	0	152,086
Total	$ 4,378,464	$ 4,226,378	$ 152,086

December 31, 2008:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Registered Investment companies	$ 3,249,262	$ 3,249,262	$
Participant loans	170,974	0	170,974
Total	$ 3,420,236	$ 3,249,262	$ 170,974

NOTE I -- FAIR VALUE MEASUREMENTS (CONTINUED)

Generally Accepted Accounting Principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The following table provides further details of the Level 3 fair value measurements:

	2009
Beginning balance	$ 170,974
Purchases, sales, issuances, and settlements (net)	(18,888)
Ending balance	$ 152,086

	2008
Beginning balance	$ 153,293
Purchases, sales, issuances, and settlements (net)	17,681
Ending balance	$ 170,974

NOTE J -- DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through October 11, 2010 which is the date the financial statements were available to be issued.

Focus HR, Inc. Retirement Plan
Supplemental Schedules
For the year ended December 31, 2009

REQUIRED DISCLOSURE OF THE FOLLOWING:

1) Assets (Held at End of Year)
See attached.

2) Non-exempt (Prohibited) Transactions
None noted.

3) Loans or Fixed Income Obligations Due in Default or Classified as Uncollectible
None noted.

4) Reportable Transactions
None noted.

5) Assets (Acquired and Disposed of Within Year)
None noted.

6) Leases in Default or Classified as Uncollectible
None noted.

7) Schedule H, Line 4a-Delinquent Participant Contributions
See Attached.

Focus HR, Inc. Retirement Plan
Three-digit plan number (PN): **333**
Employer Identification Number: **14-1871027**

Schedule of Assets Held for Investment Purposes At End of Year 2009

[a]	[b] Identify of issue, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
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*	Nationwide Life Insurance Company	AmCent Ultra A	N/A	24490.78
*	Nationwide Life Insurance Company	AmCent Eq Inc A	N/A	47456.35
*	Nationwide Life Insurance Company	AmFds EuroPacfc Gr R3	N/A	50335.84
*	Nationwide Life Insurance Company	AmFds New Wld R1	N/A	1248.26
*	Nationwide Life Insurance Company	AmFds Fdmntl Inv R5	N/A	66179.78
*	Nationwide Life Insurance Company	AmFds Bd Fd Am R5	N/A	36701.37
*	Nationwide Life Insurance Company	AmFds New Econ R5	N/A	14337.75
*	Nationwide Life Insurance Company	AmFds Inc Fd AmR5	N/A	41992.68
*	Nationwide Life Insurance Company	Invsco Intl Gr A	N/A	49775.86
*	Nationwide Life Insurance Company	Invsco Basic Bal Inv	N/A	22999.94
*	Nationwide Life Insurance Company	AmFds New Prspct R5	N/A	795.22
*	Nationwide Life Insurance Company	AmFds US Govt Sec R3	N/A	27651.19
*	Nationwide Life Insurance Company	AmFds Gr Fd Am R5	N/A	142393.67
*	Nationwide Life Insurance Company	AmFds Cap Wld Bd R1	N/A	111.60
*	Nationwide Life Insurance Company	AmFds SmCap Wld R5	N/A	14767.64
*	Nationwide Life Insurance Company	AmCent Vis Inst	N/A	18588.10
*	Nationwide Life Insurance Company	AmFds EuroPacfc Gr R5	N/A	138901.28
*	Nationwide Life Insurance Company	AmFds Cap Wld Gr Inc R5	N/A	187460.89
*	Nationwide Life Insurance Company	AmFds Wshngtn MutInv R5	N/A	12238.97
*	Nationwide Life Insurance Company	AmFds Am Bal R5	N/A	7115.61
*	Nationwide Life Insurance Company	AmFds AMCAP R5	N/A	11586.52
*	Nationwide Life Insurance Company	BW Blue Fd	N/A	112.28
*	Nationwide Life Insurance Company	BlkRk Hlth ScncOppr Inv A	N/A	9561.60
*	Nationwide Life Insurance Company	Buf MdCap	N/A	5079.56
*	Nationwide Life Insurance Company	Clvrt LgCap Gr I	N/A	11026.66
*	Nationwide Life Insurance Company	Clvrt LgCap Gr A	N/A	11010.14
*	Nationwide Life Insurance Company	Drey Strat Val A	N/A	51326.96
*	Nationwide Life Insurance Company	DodgeCox Intl Stk	N/A	83360.95
*	Nationwide Life Insurance Company	DodgeCox Inc	N/A	183531.28
*	Nationwide Life Insurance Company	FidAdv Free 2020 A	N/A	110505.04
*	Nationwide Life Insurance Company	FidAdv Divd Gr A	N/A	3335.07
*	Nationwide Life Insurance Company	FidAdv Eq Inc A	N/A	61766.67
*	Nationwide Life Insurance Company	FidAdv Free 2030 A	N/A	153608.21
*	Nationwide Life Insurance Company	FidAdv Free 2040 A	N/A	80119.02
*	Nationwide Life Insurance Company	FidAdv Gr Inc A	N/A	44511.07
*	Nationwide Life Insurance Company	Fed Hi Yld Tr	N/A	132498.40
*	Nationwide Life Insurance Company	FidAdv MdCap II A	N/A	4702.04
*	Nationwide Life Insurance Company	FidAdv Levr CoStk A	N/A	81473.19
*	Nationwide Life Insurance Company	FidAdv Strat Inc A	N/A	14124.20
*	Nationwide Life Insurance Company	FnkInSS Strat Inc A	N/A	5178.64
*	Nationwide Life Insurance Company	GdmnScs Strcd LgCap Gr A	N/A	16006.82
*	Nationwide Life Insurance Company	GdmnScs Strcd LgCap Val A	N/A	70691.30
*	Nationwide Life Insurance Company	NW Mny Mkt Inst	N/A	810610.44
*	Nationwide Life Insurance Company	GdmnScs Intl SmCap A	N/A	9286.11

Focus HR, Inc. Retirement Plan
Three-digit plan number (PN): **333**
Employer Identification Number: **14-1871027**

Schedule of Assets Held for Investment Purposes At End of Year 2009

[a]	[b] Identify of issue, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
*	Nationwide Life Insurance Company	Harbor Intl Inst	N/A	2206.81
*	Nationwide Life Insurance Company	Jns Frty S	N/A	234.31
*	Nationwide Life Insurance Company	Ptnm New Opp A	N/A	11442.36
*	Nationwide Life Insurance Company	LeffM Cap Mgt Val Inst	N/A	9222.35
*	Nationwide Life Insurance Company	Loomis SmCap Val Admn	N/A	57626.24
*	Nationwide Life Insurance Company	Loomis Bd Inst	N/A	122360.88
*	Nationwide Life Insurance Company	BlkRk Glbl SmCap Inv A	N/A	1422.08
*	Nationwide Life Insurance Company	BlkRk Eq Divd Inv A	N/A	4211.50
*	Nationwide Life Insurance Company	NeuBer Real EstFd Tr	N/A	11662.86
*	Nationwide Life Insurance Company	NW Bd Indx A	N/A	36203.97
*	Nationwide Life Insurance Company	NW S&P 500 Indx SC	N/A	52673.10
*	Nationwide Life Insurance Company	NW Intl Indx A	N/A	31205.51
*	Nationwide Life Insurance Company	NW MdCap Mkt Indx A	N/A	11605.04
*	Nationwide Life Insurance Company	Neu Ber PartnersFd TC	N/A	122.68
*	Nationwide Life Insurance Company	NW SmCap Indx A	N/A	52608.30
*	Nationwide Life Insurance Company	Neu Ber Soc RespTrust	N/A	75182.77
*	Nationwide Life Insurance Company	PIMCO All Asst A	N/A	25623.04
*	Nationwide Life Insurance Company	Opp Val A	N/A	230.94
*	Nationwide Life Insurance Company	Opp Mn St A	N/A	37979.29
*	Nationwide Life Insurance Company	PIMCO Allnz CCM MdCap Inst	N/A	3537.63
*	Nationwide Life Insurance Company	Opp Mn St Oppr A	N/A	25971.32
*	Nationwide Life Insurance Company	Prudntl Jnsn Natrl Rsrc A	N/A	62679.03
*	Nationwide Life Insurance Company	Opp Comdty Strat Ttl Rtn A	N/A	49214.51
*	Nationwide Life Insurance Company	DWS RREEF RealEstSec Inst	N/A	9779.09
*	Nationwide Life Insurance Company	PIMCO Ttl Rtn Inst	N/A	225078.32
*	Nationwide Life Insurance Company	Royce Ttl Rtn Svc	N/A	21545.81
*	Nationwide Life Insurance Company	Royce Low Priced Stk Svc	N/A	36236.85
*	Nationwide Life Insurance Company	FnklnTmp Devl MktTr A	N/A	14730.96
*	Nationwide Life Insurance Company	T Rowe Pr Eq IncFnd R Shs	N/A	18176.93
*	Nationwide Life Insurance Company	FnklnSS FnklnSmMdCap Gr A	N/A	51875.82
*	Nationwide Life Insurance Company	TRowePr IntlGr&Inc R	N/A	23732.83
*	Nationwide Life Insurance Company	Scout Intl	N/A	2245.35
*	Nationwide Life Insurance Company	Vngrd Divd Gr Inv	N/A	4571.22
*	Nationwide Life Insurance Company	Vanguard GNMA FdIS	N/A	3011.44
*	Nationwide Life Insurance Company	Van Eck Glbl Hard Assets A	N/A	1895.43
*	Nationwide Life Insurance Company	Vanguard GrthIndx Fd IS	N/A	82149.70
*	Nationwide Life Insurance Company	Vanguard SMCapVal Indx IS	N/A	13089.21
*	Nationwide Life Insurance Company	Invsco VK Eq Inc	N/A	8662.12
*	Nationwide Life Insurance Company	Vngrd Intl Gr Inv	N/A	1993.85
*	Nationwide Life Insurance Company	Jns Entrp S	N/A	38051.16
*	Nationwide Life Insurance Company	Jns Ovrseas S	N/A	2072.16
*	Nationwide Life Insurance Company	Jns Fd S	N/A	71168.79
				4226378.46
	PARTICIPANT LOANS	Rates 4.25-10.25%		152086.00

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Focus HR, Inc. Retirement Plan **EIN:** 14-1871027
Plan Sponsor's Name Focus HR, Inc. **PN:** 333

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	100,800	0	0	0

FOCUS HR, INC. RETIREMENT PLAN

Report On Deficiencies in Internal Control
December 31, 2009

[redacted] & PLLC

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS CONSULTANTS

Board of Trustees
Focus HR, Inc. Retirement Plan

In planning and performing our audit of the financial statements of Focus HR, Inc. Retirement Plan (Focus HR) as of and for the year ended December 31, 2009, in accordance with auditing standards generally accepted in the United States of America, we considered Focus HR's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Focus HR's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and therefore there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses and other deficiencies that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected on a timely basis.

The material weaknesses are summarized in the memorandum that accompanies this letter.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

The significant deficiencies are summarized in the memorandum that accompanies this letter.

This communication is intended solely for the information and use of management and the Board of Trustees and is not intended to be and should not be used by anyone other than these specified parties.

Charvoz & Fortino, PLLC

Charvoz & Fortino, PLLC
Tucson, Arizona
October 11, 2010

MATERIAL WEAKNESSESS

CONTROLS OVER EMPLOYER MATCHING AND NON-ELECTIVE CONTRIBUTION CALCULATIONS

During our audit we noted that there was a lack of internal control over the calculation of employer matching and non-elective contributions. Specifically, there was conflicting documentation as to how the approved match amounts and non-elective contributions should have been calculated. For example, the formulas used to calculate the non-elective contribution for East Valley and Green Valley Recreation did not agree to the formulas and definitions dictated in the plan document.

We recommend that all plan documentation such as the plan participation agreement, summary plan description and plan document have consistent matching and non-elective contribution formulas in order to alleviate any confusion. If there is a current conflict, the summary plan description can be followed as long as it is less restrictive than the plan document and also non-discriminatory. Also the Plan Sponsor should delegate an individual to be responsible for monitoring the calculations on a periodic basis in order to detect errors.

SIGNIFICANT DEFICIENCIES

EMPLOYEE DEFERRAL DEFINITIONS

We noted during our audit that the plan document and multiple summary plan descriptions defined compensation with respect to employee deferrals as total W-2 wages including bonus amounts. However, we became aware of instances where bonuses were not included when calculating employee deferrals.

We recommend that management amend the Plan document and summary plan descriptions to exclude bonuses from employee deferral calculations or follow what is stated in the written documentation.

ACCURATE CENSUS INFORMATION

During our audit we noted that certain participants had inaccurate census information. Specifically gross wages per the census did not always agree to the payroll journal. Although none of the inaccurate information resulted in any financial impact on the Plan there is a possibility, that in the future, errors could be made. For example, if an individual's gross wages are incorrect it could effect a match calculation.

We recommend that the plan sponsor review its employee census for accuracy at plan year end.

SIGNIFICANT DEFICIENCIES (CONTINUED)

LATE REMITTANCES OF EMPLOYEE DEFERRALS

We noted during our audit that there were four instances in which employee deferrals were remitted to the plan late. DOL regulations require that employee deferrals be remitted to the plan as soon as they can be "reasonably segregated from the general assets of the employer" but no later than the 15th business day of the following month in which the deferrals were withheld. Failure to follow this rule results in a reportable event to the DOL, coupled with a penalty payment from the plan sponsor to the plan for lost earnings.

We recommend plan management review its system of remitting employee deferrals to ensure that it is following DOL regulations.

TOP HEAVY TESTING

We noted during our audit that the top heavy corrections for one employer for plan year 2008 were not completed.

Plan management should ensure that these corrections are made as soon as possible and/or it should consult with plan counsel on the ramifications of not making the corrections.

Focus HR, Inc. Retirement Plan
Three-digit plan number (PN): **333**
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*	Nationwide Life Insurance Company	Jns Fd S	N/A	71168.79
				4226378.46
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Plan Sponsor's Name Focus HR, Inc. **PN:** 333

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Check here if Late Participant Loan Repayments are included: ☐	100,800	0	0	0