Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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
CHR SERVICES LLC 401(K) PROFIT SHARING AND INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 07/01/1987

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

CHR SERVICES, LLC

4424 W. SAM HOUSTON PKWY. N STE 420
HOUSTON, TX 77041

2b Employer Identification Number (EIN) 27-1731843

2c Sponsor's telephone number 713-995-4778

2d Business code (see instructions) 541330

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.	09/26/2012	STACEY HOFFMAN
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CHR SERVICES, LLC

4424 W. SAM HOUSTON PKWY. N STE 420
HOUSTON, TX 77041

3b Administrator's EIN
27-1731843

3c Administrator's telephone number
713-995-4778

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**	542
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**	398
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	95
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	493
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	493
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	435
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		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)		**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.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
CHR SERVICES LLC 401(K) PROFIT SHARING AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHR SERVICES, LLC

D Employer Identification Number (EIN)
27-1731843

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).. . . . . [X] 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

WILMINGTON TRUST COMPANY

86-0691833

(b) Enter name and EIN or address of person who provided you disclosure 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)

MILLIMAN, INC.

91-0675641

(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 17 36 37 38 50 59 64 70	NONE	54043	Yes [X] No [ ]	Yes [X] No [ ]	41809	Yes [ ] No [X]

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

WILMINGTON TRUST COMPANY

86-0691833

(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?
19 59	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	15840	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 [ ]

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
CHR SERVICES LLC 401(K) PROFIT SHARING AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHR SERVICES, LLC

D Employer Identification Number (EIN)
27-1731843

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	5686	32976
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	293390	119073
(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)	150855	290744
(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)	623342	564160
(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)	17039650	15205816
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	279276

		(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	18112923	16492045
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	18112923	16492045

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)	0	
(B) Participants	2a(1)(B)	1300635	
(C) Others (including rollovers)	2a(1)(C)	307571	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1608206
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)	33320	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33320
(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)	508740	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		508740
(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)		-772738
c Other income	2c		2400
d Total income. Add all **income** amounts in column (b) and enter total	2d		1379928
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2891145	
(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)		2891145
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		55076
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	54585	
(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)		54585
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3000806
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1620878
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CARLON & MILLAR, PROF. LLC (2) EIN: 46-0434964

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
CHR SERVICES LLC 401(K) PROFIT SHARING AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHR SERVICES, LLC

D Employer Identification Number (EIN)
27-1731843

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):

EIN(s): 27-1228437

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHR SOLUTIONS, INC.

401(k) PROFIT SHARING AND INVESTMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

INDEX

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

Statement of Net Assets Available for Benefits..... 2-3

Statement of Changes in Net Assets Available for Benefits..... 4-5

Notes to Financial Statements..... 6-13

SUPPLEMENTAL INFORMATION

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)..... 14-15

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan
Houston, Texas

We have audited the statement of net assets available for benefits of the CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan (the Plan) as of December 31, 2011 and 2010, and the statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. 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 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 opinions.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in the net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is 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 information has been subjected to the auditing procedures applied in the audit of the 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 and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Carlson + Millar, Prof LLC

Mitchell, South Dakota
August 31, 2012

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011

	Participant Directed			
	Self-Directed Equity Investments	Participant Loans	Investment Funds	Total
ASSETS				
Cash	$ 422	$ -	$ 32,554	$ 32,976
Investments (at fair value):				
Money Market Funds	119,073	-	-	119,073
Common Stocks	290,744	-	-	290,744
Mutual Funds	181,507	-	13,710,158	13,891,665
Stable Value Fund	-	-	1,314,151	1,314,151
Exchange Traded Funds	279,276	-	-	279,276
Participant Loans	-	564,160	-	564,160
Total Investments	870,600	564,160	15,024,309	16,459,069
TOTAL ASSETS	$ 871,022	$ 564,160	$ 15,056,863	$ 16,492,045
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	$ 871,022	$ 564,160	$ 15,056,863	$ 16,492,045
NET ASSETS AVAILABLE FOR BENEFITS	$ 871,022	$ 564,160	$ 15,056,863	$ 16,492,045

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

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010

	Participant Directed			
	Self-Directed Equity Investments	Participant Loans	Investment Funds	Total
ASSETS				
Cash	$ 128	$ -	$ 5,558	$ 5,686
Investments (at fair value):				
Money Market Funds	293,390	-	-	293,390
Common Stocks	150,855	-	-	150,855
Mutual Funds	195,029	-	14,836,496	15,031,525
Stable Value Fund	-	-	1,931,104	1,931,104
Exchange Traded Funds	77,021	-	-	77,021
Participant Loans	-	623,342	-	623,342
Total Investments	716,295	623,342	16,767,600	18,107,237
TOTAL ASSETS	$ 716,423	$ 623,342	$ 16,773,158	$ 18,112,923
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	$ 716,423	$ 623,342	$ 16,773,158	$ 18,112,923
NET ASSETS AVAILABLE FOR BENEFITS	$ 716,423	$ 623,342	$ 16,773,158	$ 18,112,923

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

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Participant Directed			
	Self-Directed Equity Investments	Participant Loans	Investment Funds	Total
ADDITIONS				
Additions to net assets attributed to:				
Investment Income:				
Net Change in Fair Value of Investments	$ (27,407)	$ -	$ (745,331)	$ (772,738)
Dividend Income	12,287	-	496,453	508,740
Interest Income	-	33,320	-	33,320
Contributions:				
Participant	38,166	-	1,262,469	1,300,635
Rollover	262,210	-	45,361	307,571
Loan Fees	-	2,400	-	2,400
Total Additions	285,256	35,720	1,058,952	1,379,928
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits Paid to Participants	130,657	-	2,760,488	2,891,145
Administrative Expenses	-	-	54,585	54,585
Deemed Distributions	-	55,076	-	55,076
Total Deductions	130,657	55,076	2,815,073	3,000,806
Net Increase (Decrease) before Transfers	154,599	(19,356)	(1,756,121)	(1,620,878)
Interfund Transfers	-	(39,826)	39,826	-
Increase (Decrease)in Net Assets Available for Benefits	154,599	(59,182)	(1,716,295)	(1,620,878)
NET ASSETS AVAILABLE FOR BENEFITS:				
Beginning of Year	716,423	623,342	16,773,158	18,112,923
End of Year	$ 871,022	$ 564,160	$ 15,056,863	$ 16,492,045

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

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	Participant Directed			
	Self-Directed Equity Investments	Participant Loans	Investment Funds	Total
ADDITIONS				
Additions to net assets attributed to:				
Investment Income:				
Net Appreciation in Fair Value of Investments	$ 48,692	$ -	$ 1,152,701	$ 1,201,393
Dividend Income	7,844	-	613,010	620,854
Interest Income	-	36,810	-	36,810
Contributions:				
Participant	-	-	1,310,350	1,310,350
Rollover	-	-	1,361	1,361
Other	-	-	1,084	1,084
Loan Fees	-	2,400	-	2,400
Total Additions	56,536	39,210	3,078,506	3,174,252
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefits Paid to Participants	-	-	2,309,935	2,309,935
Administrative Expenses	-	-	59,844	59,844
Deemed Distributions	-	12,202	-	12,202
Total Deductions	-	12,202	2,369,779	2,381,981
Net Increase before Transfers	56,536	27,008	708,727	792,271
Transfers In (Merger)		391,150	11,250,758	11,641,908
Interfund Transfers	445,057	5,895	(450,952)	-
Increase in Net Assets Available for Benefits	501,593	424,053	11,508,533	12,434,179
NET ASSETS AVAILABLE FOR BENEFITS:				
Beginning of Year	214,830	199,289	5,264,625	5,678,744
End of Year	$ 716,423	$ 623,342	$ 16,773,158	$ 18,112,923

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

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION

This description of the CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the provisions of the Plan.

General. **The Plan is a defined contribution plan available to all eligible employees (as defined in the Plan agreement) of CHR Services, LLC (Plan Sponsor). The Plan was amended effective May 1, 1991, to add the employee stock ownership plan and subsequently amended and restated effective May 1,2002. On December 4, 2006, the Plan Sponsor entered into a stock redemption agreement whereby the Plan Sponsor redeemed all of the shares of common stock of the Plan Sponsor. All shares owned by the Plan were repurchased by the Plan Sponsor. The Plan's year end was also amended during 2006, to January 31. Subsequent to January 31, 2007, the Plan adopted December 31 as its new year end, effective for the year ending December 31, 2007. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.**

Eligibility. **Prior to November 1, 1999, all employees, age 21 or older who had completed one year of service with a minimum of 1,000 hours, became participants on May 1 or November 1, coinciding with, or subsequent to, the first anniversary of their employment date. Effective November 1, 1999, employees of the Plan Sponsor became eligible to participate in the Plan after 90 days of employment and entry dates are the first day of each calendar quarter. Effective February 1, 2002, employees of the Plan Sponsor became eligible to participate in the Plan after 30 days of employment and entry dates are the first day of the month after reaching 30 days of employment. Commencing May 1, 2008, employees are automatically enrolled in the Plan immediately upon hire.**

Contributions. **Effective May 1, 2008, all newly eligible employees are automatically enrolled in the Plan at a contribution rate of 3% of their pre-tax compensation, as defined in the Plan Agreement, with each employee given an option to change their contribution or "opt out" of the Plan. Participants in the Plan may elect to contribute up to $16,500 per year. Participants over age 50 can make a catch-up contribution of up to $5,500. The Plan also allows participants to treat all or a portion of their contributions as designated Roth contributions. The Plan Sponsor may make discretionary matching cash contribution of up to 6% of each participant's compensation. Participants are eligible to receive discretionary matching contributions only if they have completed 1,000 hours of service during the plan year and are actively employed on the last day of the plan year. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.**

For the years ended December 31, 2011 and 2010, the employer made no discretionary contributions.

NOTE 1 – PLAN DESCRIPTION - CONTINUED

Participant Accounts. **Each participant's account is credited with the participant's contributions and allocations of (a) the Plan Sponsor's contributions and (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant contributions or relative account balances, as defined by the Plan agreement. Plan contributions are allocated based on the above provisions when received by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.**

Vesting. **Participants are immediately vested in their participant account including employer contributions immediately upon enrollment in the Plan.**

Participant Loans. **Any participant who has an account balance of $2,000 or more may apply for a participant loan. Loans for $1,000 and up to $50,000 may be approved if the participant meets the requirements as established in the loan policy. Loans are secured by an irrevocable pledge and assignment by the participant of up to 50% of their vested account balance under the Plan. Interest is charged on the loans at the rate of 1% above the Wall Street Journal Prime rate (3.25% as of December 31, 2011) on the day the loan is requested. Principal and interest are paid ratably through payroll deductions. Presently, a participant may have no more than one loan outstanding at any time. Current participants who had more than one loan outstanding at the beginning of the current year are grandfathered until additional loans are paid off. The repayment period cannot exceed five years unless the loan proceeds are used to acquire a principal residence, in which case the repayment period can be ten years.**

Payment of Benefits. **Upon termination of employment due to retirement, death or disability, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodic payments over the life of the participant or a designated beneficiary, or a period not extending beyond the life expectancy of the participant and designated beneficiary.**

Forfeited Accounts. **At December 31, 2011 and 2010, forfeited non-vested accounts totaled $0 and $105, respectively. These accounts can be used to reduce future employer contributions or fees.**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), including specialized industry practices as specified in the American Institute of Certified Public Accountants audit and accounting guide titled *Audits of Employee Benefit Plans.*

Basis of Accounting. **The accompanying financial statements are prepared under the accrual basis of accounting.**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES- CONTINUED

Estimates. **The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.**

Investment Valuation and Income Recognition. **The Plan's investments in mutual funds and common stocks are reported at fair value based on quoted market prices of the underlying assets on the last business day of the Plan year. Participant loans are valued at the unpaid principal balance, which approximates the fair value of the loan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The BNP Paribas Income Plus Fund investment includes security-backed investment contracts including synthetic investment contracts (SICs), guaranteed investment contracts (GICs) and cash equivalents. SICs are contracts composed of underlying assets and a "wrapper" contract provides for withdrawals at contract value for any normal benefit requirements. Net appreciation (depreciation) includes the Plan's gains and losses on investments sold as well as held during the year.**

Earnings on investments are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Payment of Benefits. **Benefits are recorded when paid.**

Cash and Cash Equivalents. **Cash and cash equivalents in the accompanying financial statements include cash on hand, all depository accounts with financial institutions which are not subject to withdrawal restrictions or penalties and all highly liquid debt instruments with original maturities of three months or less.**

Prohibited Transactions. **A "party-in-interest" is a fiduciary or employee of the Plan, any person who provides services to the Plan, the Plan Sponsor or an employee association whose members are covered by the Plan, a person who owns 50 percent or more of the Plan Sponsor or such employee association or relatives of such person just listed. Under ERISA, a Plan fiduciary is prohibited from causing the Plan to engage in the following transactions with a party-in-interest, with certain conditional exemptions provided by ERISA:**

- **A sale, exchange or lease of property;**
- **A loan or other extension of credit;**
- **The furnishing of goods, services or facilities;**
- **A transfer of plan assets to a party-in-interest for the use or benefit of a party-in-interest; or**
- **An acquisition of employer securities or real property**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES- CONTINUED

A fiduciary is also generally prohibited from using the Plan's assets for his or her own interest or account, acting in any Plan transactions on behalf of a party whose interests are adverse to those of the Plan or its participants and receiving consideration for his or her own account from a party dealing with the Plan in connection with a transaction involving the Plan's assets. The Plan has not engaged in any prohibited transactions during the years ended December 31, 2011 and 2010.

Net Change in Fair Value of Investments. **The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net change in the fair value of its investments, which consists of the realized gains and losses and the net unrealized increase (decrease) on those investments.**

Operating Expenses. **The Plan Sponsor provides certain administrative and accounting services to the Plan at no cost. Most administrative expenses are paid directly by the Plan Sponsor and include audit fees and legal fees. Administrative expenses incurred by the Plan include loan fees charged directly to the participant's accounts and investment management fees charged to the Plan.**

Date of Management's Review. **Subsequent events were evaluated through August 31, 2012, which is the date the financial statements were completed.**

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future 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.

The fair value measurement accounting literature establishes 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*- Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.**
>
> ***Level 3*- Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 inputs have the lowest priority.**

NOTE 3 – FAIR VALUE MEASUREMENT- CONTINUED

The Plan uses appropriate valuation techniques based on the available inputs to measure within the fair value hierarchy and is based on the lowest level of the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Mutual Funds. **These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.**

Participant Directed Investments in Common Stock. **These investments are public investment vehicles valued using a quoted price in an active market and classified within level 1 of the valuation hierarchy.**

Stable Value Fund. **The BNP Paribas Income Plus Fund (formerly ABN AMRO Income Plus Fund) is not actively traded. The assets in this Fund are invested primarily in guaranteed investment contracts (GICs) money market funds, money market instruments, repurchase agreements, private placements, bank investment contracts, and synthetic GICs. Investments in money market funds are valued at fair market value. Investments in GICs represent deposits that guarantee a stated interest rate for the term of the contract. The fair value of the GICs is determined based on the present value of the contract's expected cash flows, discounted at the current market interest rates for the like quality and duration investments.**

Synthetic GICs are comprised of an underlying pool of securities combined with a wrapper instrument issued by a separate entity that allows participants to transact at contract value for qualified withdrawals. The securities supporting the synthetic GICs are valued by independent pricing sources. The fair value of the wrap contracts is determined by the Trustee based on the change in the present value of the contract's expected cash flows discounted at current market rates.

The key factors that impact the crediting rates for a wrap contract include the level of market interest rates, the timing and magnitude of the cash flows in and out of the separate account, the investment return generated by the fixed-income investments that underlie the wrap contract, and the duration of the fixed-income investments that underlie the wrap contract. Wrap contract interest rates are typically reset on a monthly or quarterly basis according to each contract. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses. The minimum crediting rate is zero. The Stable Value Fund is measured using Level 3 inputs, valued based on independently audited net asset value per unit owned.

Loans to Participants. **Loans to participants are valued at cost plus accrued interest, which approximates fair value and are classified within Level 3 of the valuation hierarchy.**

NOTE 3 – FAIR VALUE MEASUREMENT- CONTINUED

Below are the Plan's financial instruments carried at fair value as of December 31, 2011, by the fair value hierarchy levels described above:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets:				
Money market funds	$ 119,073	$ -	$ -	$ 119,073
Common stocks	290,744			290,744
Mutual funds	13,891,665			13,891,665
Exchange traded funds	279,276			279,276
Stable value fund			1,314,151	1,314,151
Participant loans			564,160	564,160
Total	$ 14,580,758	$ -	$ 1,878,311	$ 16,459,069

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 years ended December 31, 2011 and 2010:

	Stable Value Funds	Participant Loans	Total
December 31, 2011			
Beginning balance	$ 1,931,104	$ 623,342	$ 2,554,446
Transfers		(39,826)	(39,826)
Purchases, sales, issuances, and settlements (net)	(616,953)	(19,356)	(636,309)
Ending balance	$ 1,314,151	$ 564,160	$ 1,878,311
December 31, 2010			
Beginning balance	$ 500,666	$ 199,289	$ 699,955
Transfers (Plan Merger)	-	391,150	391,150
Purchases, sales, issuances, and settlements (net)	1,430,438	32,903	1,463,341
Ending balance	$ 1,931,104	$ 623,342	$ 2,554,446

NOTE 4 - INVESTMENTS

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

	December 31, 2011	December 31, 2010
Participant Directed:		
Investments, at fair value:		
Pimco Total Return Class D	$ 2,820,398	$ 2,497,867
Janus Balanced Fund Class T	2,209,958	2,447,208
Dreyfus S&P 500 Index Fund	1,717,452	2,253,379
Wells Fargo Advantage Growth Fund	1,656,334	-
BNP Paribas Income Plus	1,314,151	1,931,104
Wells Fargo Advantage Emerging Growth Fund	1,133,405	-
Blackrock Equity Dividend Class A	992,708	-
Columbia Acorn International Fund Class Z	848,120	1,189,930
RS Emerging Markets Class A	663,656	1,223,731
ABN AMRO Income Plus	-	1,931,104
American Growth Fund of America Class A	-	1,422,583
Wells Fargo Advantage Small Cap Growth Fund	-	1,278,387
ING International Value	-	529,795

During the year ended December 31, 2011, the Plan's investments (including gains and losses in investments bought and sold, as well as held during the year depreciated in value by $772,738 as follows:

	Self-Directed Equity Investments	Investment Funds
Common stocks	$ 12,835	$ -
Mutual funds	(42,635)	(745,331)
Exchange Traded Funds	2,393	-
	$(27,407)	$(745,331)

NOTE 5 – PLAN TERMINATION

Although it has no intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated May 20, 2011, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code.

NOTE 7 – ERISA DISCLOSURES

The Plan had no reportable transactions or any nonexempt transactions during 2011. There were no loans or fixed income obligations in default or classified as uncollectible.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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 9 – MATCHING CONTRIBUTIONS

The Plan was amended August 9, 2005, to remove the mandatory employer match contribution and to provide for a discretionary match. The Plan sponsor did not make a discretionary matching contribution for 2011 or 2010.

NOTE 10 –PLAN MERGER

Effective December 31, 2009, the Plan was merged with the 401(k) Plan of the former Martin Group, Inc. CHR Solutions, Inc. and Martin Group, Inc. merged in the latter part of 2009. The successor plan is now called the CHR Solutions, Inc. 401(k) Profit Sharing and Investment Plan. The Plan Sponsor changed to CHR Services, L.L.C in January, 2010. CHR Services, L.L.C. is a wholly owned subsidiary of CHR Solutions, Inc. The assets of the Martin Group, Inc. 401(k) Plan were received by the Plan on the first business day of 2010.

NOTE 11 - RELATED PARTY TRANSACTIONS

The Plan Sponsor, on behalf of the Plan, paid administrative expenses in the amount of $54,585 and $59,844, respectively, for the years ended December 31, 2011 and 2010.

Within the participant-directed funds of the Plan, certain participants elected to invest in the following closely held entity:

Intec Telecom – Systems, Inc. (INTEC), formerly CHA Systems, Inc. (CHA). Certain members of the Plan Sponsor's management were stockholders in CHA through February 2, 2001, when CHA was sold to INTEC. INTEC is an unrelated third party and publicly traded telecommunications company on the United Kingdom stock exchange. The Plan Sponsor provided consulting services to and leased office space from CHA until the date of the sale. All holdings of INTEC were sold by participants in 2010.

SUPPLEMENTAL INFORMATION

CHR SOLUTIONS, INC. 401(k) PROFIT SHARING AND INVESTMENT PLAN
EIN: 75-1169463 PLAN NUMBER 004
SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party [1]	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash	Cash held by plan	$ -	$ 32,554
	Cash	Cash held in self-directed accounts		422
		Subtotal		32,976
	Wilmington Trust	Stable Value Fund- BNP Paribas Income Plus		1,314,151
	Wilmington Trust	Blackrock Equity Dividend Class A		992,708
	Wilmington Trust	Columbia Acorn International		848,120
	Wilminton Trust	Dreyfus S&P 500 Index Fund		1,717,452
	Wilmington Trust	Goldman Sachs Small Cap Value		622,273
	Wilmington Trust	Janus Balanced		2,209,958
	Wilmington Trust	Perkins Mid Cap Value		526,149
	Wilmington Trust	Pimco Total Return Class D		2,820,398
	Wilmington Trust	RS Emerging Markets Class A		663,656
	Wilmington Trust	Thornburg International Value R5		519,705
	Wilmington Trust	Wells Fargo Advantage Emerging Growth Fund		1,133,405
	Wilmington Trust	Wells Fargo Advantage Small Cap Growth		1,656,334
		Subtotal		13,710,158
	Self-directed Accounts	Fidelity Cash Reserve		71,515
	Self-directed Accounts	Schwab Money Market		47,558
		Subtotal		119,073
	Self-directed Accounts:			
	Alaska Air Group	Common Stock - 200 shares		15,018
	Apple, Inc.	Common Stock - 200 shares		81,000
	Berkshire Hathaway - Cl. B	Common Stock - 200 shares		15,260
	Brocade Communications Sys.	Common Stock - 400 shares		2,076
	Citigroup, Inc.	Common Stock - 30 shares		790
	Dow Chemical Corp.	Common Stock - 115 shares		3,307
	Ford Motor Company	Common Stock - 200 shares		2,152
	Frontier Communications Corp.	Common Stock - 900 shares		4,635
	Goodyear Tire and Rubber	Common Stock - 1,000 shares		14,170
	Lithium Exploration Group	Common Stock - 1,000 shares		540
	Murphy Oil Corp.	Common Stock - 100 shares		5,574
	National Healthcare Corp.	Common Stock - 200 shares		8,380
	Ruby Tuesday, Inc.	Common Stock - 400 shares		2,760
	Schwab Intl Equity ETF	Common Stock - 900 shares		21,087
	Sharps Compliance Corp.	Common Stock - 20,800 shares		85,488
	Southwest Gas Corp.	Common Stock - 100 shares		4,249
	Verizon Communications	Common Stock - 500 shares		20,060
	World Fuel Service Corp.	Common Stock - 100 shares		4,198
		Subtotal		290,744
	Self-directed Accounts:			
	Columbia Acorn International	Mutual Fund		9,965
	Goldman Sachs Midcap Value	Mutual Fund		16,856
	Janus Overseas	Mutual Fund		45,698
	Nuveen Midcap Growth	Mutual Fund		21,595
	Oppenheimer Dev Markets	Mutual Fund		30,810
	Profunds Oil & Gas Ultrasec	Mutual Fund		2,150
	RS Emerging Markets	Mutual Fund		9,178
	WF Advantage Emerging Growth	Mutual Fund		10,412
	WF Advantage Sm Cap Value	Mutual Fund		11,024
	Yacktman Focused	Mutual Fund		23,819
	Self-directed Accounts:	Subtotal		181,507
	Health Care Select Sector	Exchange Traded Fund		20,814
	Market Vectors Agribusiness	Exchange Traded Fund		14,145
	Powershares QQQ Nesdaq 100	Exchange Traded Fund		22,332
	S&P Midcap 400 Index	Exchange Traded Fund		17,806
	Schwab Emerging Markets	Exchange Traded Fund		20,583
	Schwab US Broad Market	Exchange Traded Fund		66,484
	Schwab US Mid Cap	Exchange Traded Fund		2,413
	Select Sector Spdr Tr-Ind.	Exchange Traded Fund		34,086
	SPDR Gold Trust	Exchange Traded Fund		30,398
	Vanguard High Dividend Yield	Exchange Traded Fund		32,188
	Vanguard Small Cap Growth	Exchange Traded Fund		18,027
		Subtotal		279,276
	Participant loans-various maturity dates	Interest Rates: 4.25% to 9.25%		564,160
				$16,492,045

Notes:
Column (a) is blank as there were no parties-in-interest.
Column (d) is blank as all investments are participant-directed.

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