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;
- [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;
- [ ] 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, including room or suite number (Employer, if for single-employer plan)

FOCUS HR, INC.

6802 EAST BROADWAY BLVD.
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.	10/12/2012	TRACY COLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	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 BLVD.
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**	759
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**	634
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	667
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	667
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2A

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
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).. . . . . [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

SAGEPOINT FINANCIAL
121 N BUCHANAN ST
BREMEN, GA 30110

(b) Enter name and EIN or address of person who provided you disclosure 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 64	RECORDKEEPER	7305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
15 63 49 37	CONSULTANT	14838	Yes [X] No [ ]	Yes [ ] No [X]	5577	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
NATIONAL BENEFIT SERVICES, LLC	49	5577

(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 FEE INCENTIVE PAYMENT

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
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	2207322

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
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)	79965	3755
(2) Participant contributions	1b(2)	20913	4437
(3) Other	1b(3)	60	2549
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)	211693	87156
(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)	4736545	2207322
(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	5049176	2305219
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	5049176	2305219

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)	98532	
(B) Participants	2a(1)(B)	314833	
(C) Others (including rollovers)	2a(1)(C)	70176	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		483541
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)	8105	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8105
(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)		-88453
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		403193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	885339	
(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)		885339
f Corrective distributions (see instructions)	2f		20447
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		905786
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-502593
l Transfers of assets:			
(1) To this plan	2l(1)		48258
(2) From this plan	2l(2)		2289622

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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	
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)
NATIONAL PEO SAFE HARBOR 401(K) PLAN	86-4301767	002
GREEN VALLEY RECREATION 401(K) PLAN	23-7185629	001
PANTANO BEHAVIORAL HEALTH SERVICES, INC. 401(K) PLAN	86-1027534	001
PENNSYLVANIA PENGUINS, LLC 401(K) PROFIT SHARING PLAN	26-2072268	001

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
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 (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):

FOCUS HR, INC. RETIREMENT PLAN

Financial Statements and Independent Auditor's Report
December 31, 2011 and 2010

FOCUS HR, INC. RETIREMENT PLAN

December 31, 2011 and 2010

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CHARVOZ & FORTINO 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, 2011 and 2010 and for the years then ended and the supplemental schedule as of and for the year ended December 31, 2011 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, 2011 and 2010, 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
September 13, 2012

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

	December 31, 2011	December 31, 2010
ASSETS		
Investments, At Fair Value:		
Registered Investment Companies	$ 2,207,322	$ 4,736,545
Receivables:		
Participant Notes Receivable	87,156	211,693
Participant Contributions Receivable	4,437	20,913
Employer Contributions Receivable	3,755	79,965
Other	2,549	60
Total Receivables	97,897	312,631
Net Assets Available for Benefits	$ 2,305,219	$ 5,049,176

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,	
	2011	2010
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments - registered investment companies	$ (88,453)	$ 456,754
Dividends and interest	8,105	11,122
	(80,348)	467,876
Contributions:		
Participants'	314,833	508,665
Employers'	98,532	249,484
Rollover	70,176	56,660
	483,541	814,809
Transfers of plan assets	48,258	1,681
Total Additions	451,451	1,284,366
DEDUCTIONS		
Transfers of plan assets	2,289,622	121,285
Benefits paid to participants	905,786	637,574
Total Deductions	3,195,408	758,859
Net Increase (Decrease)	(2,743,957)	525,507
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	5,049,176	4,523,669
End of Year	$ 2,305,219	$ 5,049,176

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

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: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note I for a discussion of fair value measurements. The investments are totally participant-directed. The investments are insured for credit risk up to $500,000 by the Security Investor Protection Corporation. The Plan does not require collateral on these investments, however in certain circumstances the investments are insured at the participant account level.

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

Participant Notes Receivable: Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

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

Payment of Benefits: Benefits are recorded when paid.

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 March 31, 2008, 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 not been amended since receiving the determination letter. 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.

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the internal revenue service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE E--REGISTERED INVESTMENT COMPANIES

The registered investment company investments at December 31, 2011 and 2010 consisted of the following:

	2011	2010
NW Money Market Inst	$ 422,998	$ 662,134
American Funds Euro Pacific Growth	141,630	166,356
Other	1,642,694	3,908,055
	$ 2,207,322	$4,736,545

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.

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

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits as follows:

		Fair Value Measurements Using:
December 31, 2011:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Registered Investment companies	$ 2,207,322	$ 2,207,322
December 31, 2010:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Registered Investment companies	$ 4,736,545	$ 4,736,545

NOTE I -- FAIR VALUE MEASUREMENTS (CONTINUED)

Fair value measurements for each class of registered investment companies at December 31, 2011 and 2010 consisted of the following:

	2011	2010
Fixed Income Funds	$ 604,533	$ 662,134
International Funds	317,087	418,148
Value Funds	29,558	195,883
Real Estate Funds	48,875	46,569
Growth Funds	1,058,776	2,710,553
Target Date Funds	71,334	386,993
Index Funds	77,159	316,265
	$2,207,322	$4,736,545

The Plan's investments are reported at fair value in the accompanying statements 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 fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 inputs consist of quoted market prices in active markets for similar assets and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure 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.

Level 1 Fair Value Measurements

The fair value of registered investment companies is based on quoted net asset values of the shares held by the Plan at year-end.

NOTE J -- CONTINGENCIES

The Plan is currently undergoing an examination by the US Department of Labor. It is not know at this time what the effect on the Plan, if any, will result from this examination.

NOTE K -- DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through September 13, 2012 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, 2011

REQUIRED DISCLOSURE OF THE FOLLOWING:

1) Assets Held for Investment Purposes 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
None noted.

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 2011

[a]	[b] Identity of issuer, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
*	Nationwide Life Insurance Company	AmCent Eq Inc A	N/A	$ 50,300.31
*	Nationwide Life Insurance Company	AmCent ST Govt A	N/A	$ 45,443.85
*	Nationwide Life Insurance Company	AmCent Ultra A	N/A	$ 15,794.18
*	Nationwide Life Insurance Company	AmCent Vis Inst	N/A	$ 6,755.03
*	Nationwide Life Insurance Company	AmFds Am Bal R5	N/A	$ 4,812.08
*	Nationwide Life Insurance Company	AmFds AMCAP R5	N/A	$ 4,258.91
*	Nationwide Life Insurance Company	AmFds Bd Fd Am R5	N/A	$ 31,461.63
*	Nationwide Life Insurance Company	AmFds Cap Wld Bd R1	N/A	$ 323.73
*	Nationwide Life Insurance Company	AmFds Cap Wld Gr Inc R5	N/A	$ 32,854.28
*	Nationwide Life Insurance Company	AmFds EuroPacfc Gr R3	N/A	$ 30,681.43
*	Nationwide Life Insurance Company	AmFds EuroPacfc Gr R5	N/A	$ 141,630.03
*	Nationwide Life Insurance Company	AmFds Fdmntl Inv R5	N/A	$ 7,879.37
*	Nationwide Life Insurance Company	AmFds Gr Fd Am R5	N/A	$ 78,231.48
*	Nationwide Life Insurance Company	AmFds Inc Fd Am R5	N/A	$ 18,252.46
*	Nationwide Life Insurance Company	AmFds New Econ R5	N/A	$ 8,183.45
*	Nationwide Life Insurance Company	AmFds New Prspct R5	N/A	$ 72.68
*	Nationwide Life Insurance Company	AmFds New Wld R1	N/A	$ 76.55
*	Nationwide Life Insurance Company	AmFds New Wld R6	N/A	$ 1,476.68
*	Nationwide Life Insurance Company	AmFds SmCap Wld R5	N/A	$ 7,481.75
*	Nationwide Life Insurance Company	AmFds US Govt Sec R3	N/A	$ 9,297.75
*	Nationwide Life Insurance Company	AmFds Wshngtn Mut Inv R5	N/A	$ 13,900.47
*	Nationwide Life Insurance Company	Artio Intl Eq II A	N/A	$ 4,690.82
*	Nationwide Life Insurance Company	BlkRk Glbl SmCap Inv A	N/A	$ 144.78
*	Nationwide Life Insurance Company	BlkRk Hlth Scnc Oppr Inv A	N/A	$ 25,531.22
*	Nationwide Life Insurance Company	Buf MdCap	N/A	$ 4,998.17
*	Nationwide Life Insurance Company	BW Blue Fd	N/A	$ 612.61
*	Nationwide Life Insurance Company	DodgeCox Inc	N/A	$ 27,462.53
*	Nationwide Life Insurance Company	DodgeCox Intl Stk	N/A	$ 37,493.31
*	Nationwide Life Insurance Company	Drey Strat Val A	N/A	$ 21,055.81
*	Nationwide Life Insurance Company	DWS RREEF RealEst Sec Inst	N/A	$ 5,813.86
*	Nationwide Life Insurance Company	Fed Hi Yld Tr Svc	N/A	$ 39,794.26
*	Nationwide Life Insurance Company	FidAdv Divd Gr A	N/A	$ 84.66
*	Nationwide Life Insurance Company	FidAdv Eq Inc A	N/A	$ 22,291.61
*	Nationwide Life Insurance Company	FidAdv Free 2020 A	N/A	$ 11,285.97
*	Nationwide Life Insurance Company	FidAdv Free 2030 A	N/A	$ 28,246.14
*	Nationwide Life Insurance Company	FidAdv Free 2040 A	N/A	$ 31,801.88
*	Nationwide Life Insurance Company	FidAdv Gr Inc A	N/A	$ 27,751.62
*	Nationwide Life Insurance Company	FidAdv Levr Co Stk A	N/A	$ 78,415.81
*	Nationwide Life Insurance Company	FidAdv MdCap II A	N/A	$ 15,994.91
*	Nationwide Life Insurance Company	FidAdv Strat Inc A	N/A	$ 10,082.90
*	Nationwide Life Insurance Company	FnkIn SmMdCap Gr A	N/A	$ 40,072.10
*	Nationwide Life Insurance Company	FnkIn Strat Inc A	N/A	$ 2,276.74
*	Nationwide Life Insurance Company	FnkInTmp Devl Mkt Tr A	N/A	$ 3,311.41
*	Nationwide Life Insurance Company	GdmnScs Intl SmCap A	N/A	$ 4,684.18
*	Nationwide Life Insurance Company	GdmnScs Strcd LgCap Gr A	N/A	$ 16,789.89
*	Nationwide Life Insurance Company	GdmnScs Strcd LgCap Val A	N/A	$ 7,737.34

*	Nationwide Life Insurance Company	Harbor Intl Inst	N/A	$	4,419.68
*	Nationwide Life Insurance Company	Invsco Intl Gr A	N/A	$	44,008.49
*	Nationwide Life Insurance Company	Invsco RealEst A	N/A	$	1,693.97
*	Nationwide Life Insurance Company	Invsco VK Eq Inc A	N/A	$	18,750.17
*	Nationwide Life Insurance Company	Jns Entrp S	N/A	$	28,558.24
*	Nationwide Life Insurance Company	Jns Fd S	N/A	$	47,183.73
*	Nationwide Life Insurance Company	Jns Frty S	N/A	$	1,278.44
*	Nationwide Life Insurance Company	Jns Ovrseas S	N/A	$	2,571.23
*	Nationwide Life Insurance Company	LeggM Cap Mgt Val Inst	N/A	$	16,536.49
*	Nationwide Life Insurance Company	Loomis Bd Inst	N/A	$	56,343.07
*	Nationwide Life Insurance Company	Loomis SmCap Val Admn	N/A	$	3,009.24
*	Nationwide Life Insurance Company	Mgrs Cadence MdCap Inst	N/A	$	1,113.76
*	Nationwide Life Insurance Company	NeuBer LgCp Val Tr	N/A	$	600.31
*	Nationwide Life Insurance Company	NeuBer RealEst Tr	N/A	$	39,728.61
*	Nationwide Life Insurance Company	NeuBer Soc Resp Tr	N/A	$	8,441.54
*	Nationwide Life Insurance Company	NW Bd Indx A	N/A	$	30,657.40
*	Nationwide Life Insurance Company	NW Intl Indx A	N/A	$	6,869.31
*	Nationwide Life Insurance Company	NW MdCap Mkt Indx A	N/A	$	3,463.72
*	Nationwide Life Insurance Company	NW Mny Mkt Inst	N/A	$	422,998.30
*	Nationwide Life Insurance Company	NW S P 500 Indx Svc	N/A	$	12,681.02
*	Nationwide Life Insurance Company	NW SmCap Indx A	N/A	$	25,464.49
*	Nationwide Life Insurance Company	Okmrk Intl SmCap II	N/A	$	1,484.10
*	Nationwide Life Insurance Company	Opp Comdty Strat Ttl Rtn A	N/A	$	26,282.98
*	Nationwide Life Insurance Company	Opp Mn St A	N/A	$	2,332.54
*	Nationwide Life Insurance Company	Opp Mn St Sel A	N/A	$	4,951.30
*	Nationwide Life Insurance Company	Opp Val A	N/A	$	1,296.57
*	Nationwide Life Insurance Company	PIMCO Ttl Rtn Inst	N/A	$	95,036.19
*	Nationwide Life Insurance Company	Prudntl Jnisn Natrl Rsrc A	N/A	$	77,612.16
*	Nationwide Life Insurance Company	Ptnm Mult Cap Gr A	N/A	$	19,496.83
*	Nationwide Life Insurance Company	Royce Low Priced Stk Svc	N/A	$	44,752.40
*	Nationwide Life Insurance Company	Royce Ttl Rtn Svc	N/A	$	21,875.16
*	Nationwide Life Insurance Company	Scout Intl	N/A	$	4,449.11
*	Nationwide Life Insurance Company	TRowePr Cap Oppr R	N/A	$	23,769.63
*	Nationwide Life Insurance Company	TRowePr Eq Inc R	N/A	$	11,198.54
*	Nationwide Life Insurance Company	TRowePr Intl Gr Inc R	N/A	$	32,677.54
*	Nationwide Life Insurance Company	TRowePr Intl Stk Fd	N/A	$	1,485.12
*	Nationwide Life Insurance Company	VanEck Glbl Hrd Asst A	N/A	$	4,829.92
*	Nationwide Life Insurance Company	Vngrd Divd Gr Inv	N/A	$	25,831.42
*	Nationwide Life Insurance Company	Vngrd Gr Indx Inv	N/A	$	25,152.22
*	Nationwide Life Insurance Company	Vngrd Infl Prtct Sec Inv	N/A	$	2,158.26
*	Nationwide Life Insurance Company	Vngrd Intl Explr Inv	N/A	$	1,430.34
*	Nationwide Life Insurance Company	Vngrd Intl Gr Inv	N/A	$	3,196.73
*	Nationwide Life Insurance Company	Vngrd Intl Val Inv	N/A	$	1,485.32
*	Nationwide Life Insurance Company	Vngrd Intmd Trm Trsry Inv	N/A	$	5,380.16
*	Nationwide Life Insurance Company	Vngrd REIT Indx Inv	N/A	$	1,637.82
*	Nationwide Life Insurance Company	Vngrd SmCap Gr Indx Inv	N/A	$	1,576.26
*	Nationwide Life Insurance Company	Vngrd SmCap Val Indx Inv	N/A	$	7,204.97
*	Nationwide Life Insurance Company	Vngrd ST Trsry Inv	N/A	$	3,158.84
*	Nationwide Life Insurance Company	Vngrd Val Indx Inv	N/A	$	807.77
*	Nationwide Life Insurance Company	Vngrd Val Indx Sgnl	N/A	$	808.17
				$	**2,207,322.21**
	PARTICIPANT LOANS	Rates 4.25-10.25%		$	87,155.73

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

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[a]	[b] Identity of issuer, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
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*	Nationwide Life Insurance Company	Vngrd Intmd Trm Trsry Inv	N/A	$	5,380.16
*	Nationwide Life Insurance Company	Vngrd REIT Indx Inv	N/A	$	1,637.82
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*	Nationwide Life Insurance Company	Vngrd ST Trsry Inv	N/A	$	3,158.84
*	Nationwide Life Insurance Company	Vngrd Val Indx Inv	N/A	$	807.77
*	Nationwide Life Insurance Company	Vngrd Val Indx Sgnl	N/A	$	808.17
				$	**2,207,322.21**
	PARTICIPANT LOANS	Rates 4.25-10.25%		$	87,155.73