

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
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1991</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>HUMAN RESOURCES, INC.</u> <u>2127 ESPEY COURT, SUITE 306</u> <u>CROFTON, MD 21114</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1665523</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>410-451-4202</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1665523</u>	2c Sponsor's telephone number <u>410-451-4202</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>52-1665523</u>					
2c Sponsor's telephone number <u>410-451-4202</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	TIMOTHY SCHAFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	TIMOTHY SCHAFER
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HUMAN RESOURCES, INC. 2127 ESPEY COURT, SUITE 306 CROFTON, MD 21114	3b Administrator's EIN 52-1665523 3c Administrator's telephone number 410-451-4202
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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
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5 Total number of participants at the beginning of the plan year	5	1655
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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	1451
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	280
d Subtotal. Add lines 6a , 6b , and 6c	6d	1731
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1731
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	923
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2T

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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 2 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan HUMAN RESOURCES, INC. SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 52-1665523	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	VARIOUS	923	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
50754	87472

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS 1300 S CLINTON ST STE #150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50754			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PINNACLE FINANCIAL SERVICES 1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	43675	TPA SUBSIDY	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUMAN RESOURCES INC.

2127 ESPEY CT
STE 306
CROFTON, MD 21114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	25471	PLAN EXPENSES	0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PINNACLE FINANCIAL SERVICES

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	14399	TPA AWARDS	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS

1300 S CLINTON ST, STE 150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3872	NON-MONETARY COMP TO SALES REP	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PINNACLE FINANCIAL SERVICES INC

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	55	MARKETING ALLOWANCE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	581637
5 Current value of plan's interest under this contract in separate accounts at year end	5	20700376

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCOUNT**

b Balance at the end of the previous year	7b	444216
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c Additions: (1) Contributions deposited during the year	7c(1)	133965	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	12508	
(4) Transferred from separate account	7c(4)	4332	
(5) Other (specify below)	7c(5)	9026	

▶ **LOAN PRINCIPLE & INTEREST**

(6) Total additions	7c(6)	159831
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d Total of balance and additions (add b and c(6))	7d	604047
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18571	
(2) Administration charge made by carrier	7e(2)	3839	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	22410
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f Balance at the end of the current year (subtract e(5) from d)	7f	581637
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011	
A Name of plan HUMAN RESOURCES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 52-1665523

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	72208028	1	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [SEE ATTACHED](#)

b Premiums paid to carrier	6b	1365
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

35-1140070

(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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	162705	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STADION MONEY MANAGEMENT

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	107501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES INC

59-2438873

(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	SERVICE PROVIDER	45412	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

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

A Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT/CORPORATE BOND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-112</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2748254</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MEDIUM CAPITALIZATION EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>144352</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD BOND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440730</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2310765</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALUE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72551</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE BALANCED</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL SOCIAL AWARENESS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL-CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 795062
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND INVEST CO AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52799
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND EURO PAC GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308241
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS GLOBAL REIT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158105
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD INTL EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1151518
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-181	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188413
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VP INFLATION PROTE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149082
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP EMERGING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196136
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL FNDTN CONSERVATIVE PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL FNDTN MODERATEALL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227643
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL FNDTN AGGRESIVEALL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39586
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP PROTECTED PROFILE 2020		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95619
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP PROTECTED PROFILE 2030		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25824
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP PROTECTED PROFILE 2040		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24659
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED CONSERVATIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306264
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED MODERATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3145089
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2669737
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA INTERNAT'L INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1927149

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE SPECIAL OPP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70361
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC VL IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 958014
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC GR IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 671543
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 706548
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC VI IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266294
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC GR IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242705
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUND AMER HIGH-INC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP PROTECTED PROFILE 2050		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1262
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 470274
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>	

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)	147147	229388
(2) Participant contributions	1b(2)	112887	163644
(3) Other.....	1b(3)	13354	24579
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)	833512	859022
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	20667511	20700376
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	444216	581637
(15) Other	1c(15)	131263	16760

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22349890	22575406

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5268	20391
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5268	20391

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22344622	22555015
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2567639	
(B) Participants	2a(1)(B)	2174306	
(C) Others (including rollovers)	2a(1)(C)	229759	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4971704
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)	37315	
(F) Other	2b(1)(F)	1054	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		38369
(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)		-877237
(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)		
c Other income.....	2c		145394
d Total income. Add all income amounts in column (b) and enter total.....	2d		4278230

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3527405	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	229911	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3757316
f Corrective distributions (see instructions)	2f		20391
g Certain deemed distributions of participant loans (see instructions).....	2g		25161
h Interest expense.....	2h		1308
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	162103	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	45394	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		207497
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4011673

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		266557
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		56164

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: **MAYER HOFFMAN MCCANN, P.C.**

(2) EIN: **43-1947695**

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.).....	☒	☐	174410
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☒	☐	
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.	☒	☐	

- 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)

HUMAN RESOURCES INC RETIREMENT SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
80-0360369	002

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 HUMAN RESOURCES, INC. SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.		D Employer Identification Number (EIN) 52-1665523
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): 35-0472300		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

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): _____

HUMAN RESOURCES, INC. SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010



Mayer Hoffman McCann P.C.

An Independent CPA Firm

Goldstein Lewin Division

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Human Resources, Inc. Savings Plan
Crofton, Maryland

We were engaged to audit the accompanying statements of net assets available for benefits of the Human Resources, Inc. Savings Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2011, and delinquent participant contributions for the year then ended. These financial statements and supplemental schedules 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 4, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the plan administrator by the Custodian 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 schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with 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.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 12, 2012

HUMAN RESOURCES, INC. SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
Investments, at fair value:		
Pooled separate accounts	\$ 20,564,578	\$ 20,667,511
Guaranteed interest accounts	581,637	444,216
Self-directed brokerage account	135,798	115,557
Cash surrender value of life insurance	<u>16,760</u>	<u>15,706</u>
	<u>21,298,773</u>	<u>21,242,990</u>
Receivables:		
Notes receivable from participants	859,022	833,512
Employer contributions	229,388	147,147
Participants' contributions	163,644	112,887
Other	<u>24,579</u>	<u>13,354</u>
	<u>1,276,633</u>	<u>1,106,900</u>
 TOTAL ASSETS	 22,575,406	 22,349,890
 <u>LIABILITIES</u>		
Other liabilities	<u>20,391</u>	<u>5,268</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 22,555,015</u>	 <u>\$ 22,344,622</u>

See Notes to Financial Statements

HUMAN RESOURCES, INC. SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 2,116,343
Interest income on notes receivable from participants	36,007	39,215
Contributions:		
Employer	2,567,639	2,196,065
Participants	2,174,306	1,928,867
Rollover	229,759	145,371
	<u>4,971,704</u>	<u>4,270,303</u>
TOTAL ADDITIONS	<u>5,007,711</u>	<u>6,425,861</u>
DEDUCTIONS:		
Net depreciation in fair value of investments	843,960	-
Benefits paid to participants	3,536,644	2,685,591
Corrective distributions	20,391	5,268
Deemed distributions of notes receivable from participants	25,161	82,913
Administrative expenses	314,998	305,736
	<u>4,741,154</u>	<u>3,079,508</u>
TOTAL DEDUCTIONS	<u>4,741,154</u>	<u>3,079,508</u>
NET INCREASE BEFORE TRANSFERS	266,557	3,346,353
TRANSFERS OUT TO OTHER PLANS	<u>(56,164)</u>	<u>(135,259)</u>
NET INCREASE	210,393	3,211,094
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>22,344,622</u>	<u>19,133,528</u>
End of year	<u>\$ 22,555,015</u>	<u>\$ 22,344,622</u>

See Notes to Financial Statements

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) **Description of plan**

The following description of the Human Resources, Inc. Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established in 1991 (amended and restated effective January 1, 2007) by Human Resources, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship between the Company, its adopting affiliated companies, if any, and the other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on various entry dates, coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer adoption agreements. Entry dates are generally on a quarterly basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration - The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, a group of designated officers of the Company act as trustees.

The Company has contracted with Lincoln National Life Insurance Company ("Lincoln") under a group variable annuity contract to act as the Plan's custodian. Lincoln will invest each participant's account balance in pooled separate accounts, or its general account in the case of the guaranteed interest accounts, as instructed by each participant. The Company has also contracted with Pinnacle Financial Services, Inc. ("Pinnacle") to act as the Plan's third party administrator.

Contributions - Participants may contribute up to 100% of pretax annual compensation, as defined in the plan document, not to exceed annual limitations specified in the Internal Revenue Code (the "Code"). Participants may also make Roth 401(k) deferrals if the participating employer has elected this option in the employer's adoption agreement with the Plan. Participants may elect to change their contribution rate on January 1, April 1, July 1, and October 1 of each year. Participants may also contribute amounts representing distributions from other tax qualified plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. All participant contributions are deposited in investment funds in accordance with the participant's direction and the Plan's provisions.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions (continued)

Each employer may elect to make discretionary matching and/or non-elective contributions, and the manner in which such contributions are determined, if applicable. Employer contributions, if any, are recorded in the year for which the contribution applies. Employer contributions aggregated \$2,567,639 and \$2,196,065 applicable to the years ended December 31, 2011 and 2010, respectively. Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

Participant investment account options - Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts, guaranteed interest accounts, a self-directed brokerage account, and the cash surrender value of life insurance policies as investment options for participants. The investment options available to participants are determined by their adopting employer.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of (a) their employer's contributions, if any, and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the plan document. Additionally, participant accounts are charged with certain Plan fees. 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 own contributions and their employer's qualified non-elective contributions, plus actual earnings thereon. Vesting in their employer's matching contributions is based on years of continuous service.

A participant becomes vested in their employer's matching contributions in accordance with one of the following three vesting schedules, as elected by each adopting employer:

1)	<u>Years of Service</u>	<u>Vesting %</u>
	1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%
2)	0-2	0%
	3	100%
3)	Immediate vesting for all contributions to the Plan	

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested portion of their account balance. The notes are secured by the balance in the participant's account and bear interest at the prevailing rate at the time of issuance and range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - On termination of service due to death, disability, retirement, termination of employment, or qualifying under certain "hardship" rules, as prescribed by the Internal Revenue Service, a participant may elect to receive either a lump sum amount or rollover amount equal to the value of the participant's vested interest in his or her account. Additionally, there are provisions in the plan document to allow in-service withdrawals of benefits in compliance with the Code.

Forfeited accounts - The Plan allows for forfeitures of non-vested terminated participant account balances attributable to discretionary employer matching contributions. As of December 31, 2011 and 2010, forfeited non-vested accounts totaled \$66,617 and \$58,083, respectively. These accounts may be used to reduce future discretionary employer contributions. For the years ended December 31, 2011 and 2010, \$5,479 and \$16,094, respectively, were used to reduce employer contributions.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present fair value of the investment contracts, which approximated contract value at December 31, 2011 and 2010. The statements of changes in net assets available for benefits are prepared on a contract value basis.

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

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

New accounting pronouncement - The following new accounting pronouncement was adopted during the year ended December 31, 2011:

Fair value disclosures - In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance which expanded the required disclosures about fair value measurements. This guidance requires information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements and is effective for fiscal years beginning after December 15, 2010. Net assets available for benefits and changes in net assets available for benefits of the Plan were not affected by the adoption of the new guidance.

Investment valuation and income recognition - 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 5 for discussions of fair value measurements.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

Unit values - Plan investments in pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn interest which is automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits.

Reclassification - Certain items from the 2010 financial statements have been reclassified to conform to the 2011 presentation.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Investments

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

	December 31,	
	2011	2010
Stadion Managed Moderate SATM	\$ 3,145,089	\$ 3,159,263
Short Term SA14	2,748,254	2,781,925
Stadion Managed Growth SATG	2,669,737	2,865,988
LVIP SSgA S&P 500 Index SA27	2,310,765	2,370,211
LVIP SSgA Bond Index SAL6	1,927,149	1,541,770
LVIP Vanguard International Equity SA59	1,151,518	N/A
LVIP SSgA International Index SAL5	N/A	1,413,619

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	Years Ended December 31,	
	2011	2010
Pooled separate accounts	\$ (843,762)	\$ 2,086,926
Guaranteed interest accounts	12,508	11,106
Self-directed brokerage account	(13,760)	15,557
Cash surrender value of life insurance	1,054	2,754
	<u>\$ (843,960)</u>	<u>\$ 2,116,343</u>

(4) Information prepared and certified by the custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) **Information prepared and certified by the custodian (continued)**

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(5) **Fair value measurements**

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Pooled separate accounts: Valued at the underlying investments held in the separate accounts as determined by Lincoln using U.S. generally accepted accounting principles and applicable law.

Guaranteed interest accounts: Valued at the ratio of the fair value to amortized cost of the investments in the insurance company's general account as reported in the insurance company's audited financial statements.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

Mutual funds: Valued at the net asset value of shares held in the self-directed brokerage account at year end.

Cash surrender value of life insurance: Valued at amounts reported by the insurance company.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although management of the Plan believes that these valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011:

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced	\$ -	\$ 318,972	\$ -	\$ 318,972
Fixed income	-	5,735,490	-	5,735,490
Large cap blend	-	3,462,283	-	3,462,283
Large cap blend - international	-	308,241	-	308,241
Large cap core	-	52,799	-	52,799
Large cap growth	-	188,413	-	188,413
Large cap value	-	1,030,565	-	1,030,565
Mid cap blend	-	864,653	-	864,653
Mid cap growth	-	144,352	-	144,352
Mid cap value	-	70,361	-	70,361
Mid cap value - international	-	196,136	-	196,136
Mixed asset target	-	95,619	-	95,619
Small cap blend	-	1,466,605	-	1,466,605
Small cap growth	-	242,705	-	242,705
Small cap value	-	266,294	-	266,294
Target funds:				
Conservative	-	306,264	-	306,264
Growth	-	2,669,737	-	2,669,737
Moderate	-	3,145,089	-	3,145,089
Total pooled separate accounts	-	20,564,578	-	20,564,578
Guaranteed interest accounts	-	-	581,637	581,637
Self-directed brokerage account:				
Mutual funds	135,798	-	-	135,798
Cash surrender value of life insurance	-	-	16,760	16,760
Total investments at fair value	<u>\$ 135,798</u>	<u>\$ 20,564,578</u>	<u>\$ 598,397</u>	<u>\$ 21,298,773</u>

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010:

Investments at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced	\$ -	\$ 188,016	\$ -	\$ 188,016
Fixed income	-	6,787,743	-	6,787,743
Large cap blend	-	2,390,687	-	2,390,687
Large cap blend - international	-	162,862	-	162,862
Large cap growth	-	76,651	-	76,651
Large cap value	-	963,678	-	963,678
Mid cap blend	-	802,431	-	802,431
Mid cap growth	-	49,039	-	49,039
Mid cap value	-	41,061	-	41,061
Mid cap value - international	-	495,911	-	495,911
Mixed asset target	-	128,004	-	128,004
Real estate	-	223,612	-	223,612
Small cap blend	-	1,554,608	-	1,554,608
Small cap growth	-	271,550	-	271,550
Small cap value	-	296,500	-	296,500
Target funds:				
Conservative	-	209,907	-	209,907
Growth	-	2,865,988	-	2,865,988
Moderate	-	3,159,263	-	3,159,263
Total pooled separate accounts	-	20,667,511	-	20,667,511
Guaranteed interest accounts	-	-	444,216	444,216
Self-directed brokerage account:				
Mutual funds	115,557	-	-	115,557
Cash surrender value of life insurance	-	-	15,706	15,706
Total investments at fair value	\$ 115,557	\$ 20,667,511	\$ 459,922	\$ 21,242,990

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2011:

Level 3 Investments			
Year Ended December 31, 2011			
	Guaranteed interest accounts	Cash surrender value of life insurance	Total
Balance, beginning of year	\$ 444,216	\$ 15,706	\$ 459,922
Net appreciation relating to instruments held at the reporting date	12,508	1,054	13,562
Purchases	147,322	-	147,322
Settlements	(22,409)	-	(22,409)
Balance, end of year	\$ 581,637	\$ 16,760	\$ 598,397

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2010:

	Level 3 Investments		
	Year Ended December 31, 2010		
	Guaranteed interest accounts	Cash surrender value of life insurance	Total
Balance, beginning of year	\$ 262,437	\$ 12,952	\$ 275,389
Net appreciation relating to instruments held at the reporting date	11,106	2,754	13,860
Purchases	222,531	-	222,531
Settlements	(51,858)	-	(51,858)
Balance, end of year	<u>\$ 444,216</u>	<u>\$ 15,706</u>	<u>\$ 459,922</u>

Net appreciation relating to instruments held at the reporting date as shown above for the years ended December 31, 2011 and 2010, are included in net appreciation (depreciation) in fair value of investments on the accompanying statements of changes in net assets available for benefits.

(6) Guaranteed interest accounts

The Plan has fully benefit-responsive guaranteed interest accounts with Lincoln. Lincoln maintains the contributions in a general account. The guaranteed interest accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest accounts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest accounts. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed daily for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Guaranteed interest accounts (continued)

plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The average yield and the crediting interest rate for the years ended December 31, 2011 and 2010 was 3.37% and 3.71%, respectively.

(7) Net asset value ("NAV") per share

In accordance with Accounting Standards Update No. 2009-12, the Plan expanded its disclosures to include the category, fair value, unfunded commitments, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of December 31, 2011 and 2010.

The following table as of December 31, 2011 and 2010, sets forth a summary of the Plan's investments with a reported NAV:

	Fair Value * 12/31/2011	Fair Value * 12/31/2010	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	<u>\$ 20,564,578</u>	<u>\$ 20,667,511</u>	<u>\$ -</u>	Daily	None

* Fair value has been estimated using the net asset value of the investments.

(8) Parties-in-interest transactions

The Plan's investments at December 31, 2011 and 2010 were primarily in pooled separate accounts and guaranteed interest accounts managed by Lincoln. Lincoln is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of related party transactions under ERISA and applicable exemptions promulgated there under. Fees paid to Lincoln during 2011 and 2010 totaled \$162,705 and \$162,520, respectively. Certain recordkeeping and other services to the Plan were provided by Pinnacle and other affiliated entities. Fees paid to these entities during 2011 and 2010 aggregated \$152,293 and \$143,216, respectively.

(9) Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their respective employer's contributions.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(10) Reconciliation of financial statements to Schedule H of Form 5500

Certain line items reported on Schedule H of Form 5500 as of and for the years ended December 31, 2011 and 2010 have been reclassified in the financial statements. These reclassifications have no impact on net assets available for benefits at December 31, 2011 and 2010, or changes in net assets available for benefits for the years then ended.

(11) Tax status

The Internal Revenue Service has determined and informed the Company by a letter dated January 8, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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 asset) 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.

(12) Transfers out to other plans

During 2011 and 2010, several employers terminated their relationship with the Company and therefore separated from the Plan. Accordingly, net assets associated with these terminations transferred out of the Plan during 2011 and 2010 amounted to \$56,164 and \$135,259, respectively.

(13) Risks and uncertainties

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

(14) Nonexempt transactions

Plan sponsors are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. While the Company has remitted all participant contributions to the Plan, participant contributions aggregating \$229,383 from 2007-2011 were not remitted within the required time period.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(14) **Nonexempt transactions (continued)**

During 2011, the Company remitted lost earnings associated with delinquent contributions for years prior to 2011. In June 2012, the Company remitted lost earnings associated with delinquent contributions applicable to the year ended December 31, 2011.

(15) **Plan fees**

Certain administrative fees of the Plan are paid for by the Company. Other administrative fees, as described below, are paid for by the Plan. Administrative fees paid for by the Plan aggregated \$314,998 and \$305,736 for the years ended December 31, 2011 and 2010, respectively.

ERISA and related Department of Labor regulations authorize the payment from plan assets of plan expenses including but not limited to investment management or trustee fees, recordkeeping fees, and reporting and disclosure expenses. Asset based fees are reported as "basis points". 100 basis points are equal to 1%, 50 basis points are equal to ½ of 1%, etc. Additional non-recurring Plan related expenses may also be billed to the Plan. The list below provides information on the various expenses that are billed to the assets of the Plan.

Lincoln asset fees

Lincoln's quarterly account asset charge of 7.25 basis points and a \$15 annual participant fee are deducted from participant account balances to cover the costs of providing an individual's investment account in the Lincoln contract. Lincoln's services include trust accounting for more than 50 investment options, daily account investment transfers, quarterly account statements with a newsletter, an internet service center to monitor and control investments, a customer service center, and a 24 hour toll free telephone voice response system.

Investment management and underlying mutual fund fees

Investment management and underlying mutual fund fees are charges against the variable assets in the contract to cover investment management expenses. A portion of these fees may be paid to Lincoln for services provided to track and trade the funds. These fees vary by type of fund and are based upon the complexity, research, and trading cost associated with each fund. The fees are assessed daily in the unit value calculations and are not shown as a specific deduction on the quarterly statements.

Plan expense reimbursement account

A plan expense reimbursement account of 3 basis points per quarter is credited to the trustees of the Plan. This fund is used to pay ongoing Plan expenses such as legal and audit fees.

Pinnacle administrative fees

Pinnacle provides annual record keeping, tax reporting, and testing services to assist the Plan in maintaining compliance with the Internal Revenue Service and the Department of Labor's laws and regulations.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(15) Plan fees (continued)

Pinnacle administrative fees (continued)

Their fees are billed directly to participant accounts as follows (as applicable):

- Quarterly asset based fees of \$5, plus basis points ranging from 1.75 to 10.75 as determined by the quantification of assets in a participant's account.
- Loan set up fee - \$100
- Annual loan maintenance fee - \$50
- Standard distribution fee - \$75
- Hardship distribution fee - \$100
- Qualified domestic relations order review - \$250

(16) Subsequent events

The Plan has evaluated subsequent events through October 12, 2012 which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 52-1665523

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Pooled separate accounts:			
*	Stadion Managed Moderate SATM	Pooled separate account	(1) \$	3,145,089
*	Short Term SA14	Pooled separate account		2,748,254
*	Stadion Managed Growth SATG	Pooled separate account		2,669,737
*	LVIP SSgA S&P 500 Index SA27	Pooled separate account		2,310,765
*	LVIP SSgA Bond Index SAL6	Pooled separate account		1,927,149
*	LVIP Vanguard International Equity SA59	Pooled separate account		1,151,518
*	SSgA Russ LC VI Ix Non-Ln SAL8	Pooled separate account		958,014
*	LVIP SSgA Small Cap Index SA36	Pooled separate account		795,062
*	SSgA S&P Mid Cap Idx Non-Ln SALA	Pooled separate account		706,548
*	SSgA Russ LC Gr Ix Non-Ln SAL9	Pooled separate account		671,543
*	PIMCO Total Return SALM	Pooled separate account		470,274
*	High Yield Bond SA20	Pooled separate account		440,730
*	AmerFunds EuroPac Growth SA54	Pooled separate account		308,241
*	Stadion Mgd Conservative SATC	Pooled separate account		306,264
*	SSgA Russ SC VI Ix Non-Ln SALB	Pooled separate account		266,294
*	SSgA Russ SC Gr Ix Non-Ln SALC	Pooled separate account		242,705
*	LVIP Del Fndtn ModeratAll SA96	Pooled separate account		227,643
*	Del VIP Emerging Markets SA94	Pooled separate account		196,136
*	BlackRock Capital App SA81	Pooled separate account		188,413
*	Cohen & Steers Gbl REIT SA55	Pooled separate account		158,105
*	AC VP Inflation Protect SA92	Pooled separate account		149,082
*	Medium Cap Equity SA17	Pooled separate account		144,352
*	LVIP Protected Prof 2020 SAL2	Pooled separate account		95,619
*	Value Equity SA28	Pooled separate account		72,551
*	LVIP Delaware Special Opp SAL7	Pooled separate account		70,361
*	AmerFunds Invest Co Amer SA49	Pooled separate account		52,799
*	LVIP Del Fndtn AggressAll SA97	Pooled separate account		39,586
*	LVIP Protected Prof 2030 SAL3	Pooled separate account		25,824
*	LVIP Protected Prof 2040 SAL4	Pooled separate account		24,659
*	LVIP Protected Prof 2050 SALL	Pooled separate account		1,261

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2011

EIN: 52-1665523

Plan number: 001

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Guaranteed interest accounts:			
*	Guaranteed Account	General account	(1)	581,637
	Self-directed brokerage account:			
	TD Ameritrade	Mutual funds		135,798
	Life insurance:			
	Cash surrender value of life insurance	Prudential Insurance Company of America	↓	16,760
				<u>\$ 21,298,773</u>
*	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% and with maturities through March 2026.		-	<u>\$ 859,022</u>
*	Party-in-interest as defined by ERISA			
(1)	Cost information may be omitted for plan assets which are participant-directed.			

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2011

EIN: 52-1665523
Plan number: 001

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Corrected Outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in VFCP	
<u>2011 Plan Year:</u>					
\$ 174,410 * *	x	\$ -	\$ 174,410	\$ -	\$ -
<u>2010 Plan Year:</u>					
7,721 *	x	-	7,721	-	-
<u>2008 Plan Year:</u>					
15,935 *	x	-	15,935	-	-
<u>2007 Plan Year:</u>					
31,317 *	x	-	31,317	-	-

* * Lost earnings associated with these delinquent contributions were remitted to the Plan in June 2012.

* Lost earnings associated with these delinquent contributions were remitted to the Plan during 2011.

BASIS OF PREMIUM RATES PRODUCTS WITH GUARANTEED VALUES

Premiums and purchase payments are established using assumptions of future mortality and interest earnings. They also contain margins for sales, administrative expenses and taxes at all levels of government. These assumptions must be conservative enough to provide for possible adverse experience in the future. Dividends where applicable, arise in general from experience more favorable than that assumed. They represent a return to the policyholder of amounts not needed to provide the various benefits.

The mortality and interest assumptions used to determine the rates for The Prudential and its subsidiaries' individual policies sold to fund qualified pension programs are shown below by type of contract and dates of issue. The current bases are noted by an asterisk.

- A. Single Payment Retirement Annuity**
- B. To 9 Year Retirement Annuity**
- C. Regular Retirement Annuity**

Dates of Issue: 1/63 - 12/69

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement:	2 ¾%
Assumed interest - after retirement:	3%

Date of Issue: 1/70 - 5/71

Mortality basis - before retirement:	Not Applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement:	3% for the first 20 years, 2 ½% thereafter
Assumed interest - after retirement:	3%

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement:	3%
Assumed interest - after retirement:	3 ½%

Dates of issue: 1/75+ - 5/76

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

D. Single Payment Deferred Annuity
E. Flexible Purchase Payment Annuity

Dates of Issue: 8/75 - 7/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	4% until contract anniversary in 1997, 3% thereafter ++)
Assumed interest - after retirement:	3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year, (female, after last birthday)
Assumed interest - before retirement:	4% until contract anniversary in 1997, 3% thereafter
Assumed interest - after retirement:	3 ½%

F. Retirement Income Endowment at 72

Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement: last	A-49 ultimate table rated back 3 years (male ++, age birthday)
Assumed interest - before retirement:	2 ½%
Assumed interest - after retirement:	3%
Dates of Issue: 1/81 - 12/83	
Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

G. Retirement Income Endowment at 72**H. Year Retirement Income Endowment**

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement: last	A-49 ultimate table rated back 3 years (male ++, age birthday)
Assumed interest - before retirement:	3%
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/75 - 12/80

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

I. Optional Purchase Payment Annuity**Dates of Issue: 1/82 - 9/82**

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	11% for the first contract year, 8% each of the next 4 contract years, and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 9/82 - 12/82

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	8% for the first contract year, 6% each of the next 3 contract years, and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/83 - 7/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (female, age last birthday)
Assumed interest - before retirement:	6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/84 - present

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

Dates of Issue: 7/86 - 7/87

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 5% first contract year and 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

J. Split Funded Endowment at 85

K. Split Funded Endowment at 88

Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)

Mortality basis - after retirement: A-49 ultimate table rated back 3 years

Assumed interest - before retirement: 2 ½%
Assumed interest - after retirement: 3%

L. Special Pension Policy - Whole Life

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)

Mortality basis - after retirement: A-49 ultimate table rated back 3 years

Assumed interest - before retirement: 3%
Assumed interest - after retirement: 3 ½%

Dates Of Issue: 1/75+ - 12/80

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year.
Assumed interest - before retirement: 3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/81 - 7/83

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year
Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 ½%

Dates of Issue: 8/83 - 12/83**

Mortality basis - before retirement: 1958 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year (female, age last birthday)
Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/84 - 12/84

Mortality basis - before retirement: 1980 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)
Assumed interest - before retirement: 5 ½% for first 20 years, 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

*Dates of Issue: 1/85 - present

Mortality basis - before retirement: 1980 CSO table 8 (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)
Assumed interest - before retirement: 5 ½% for first 20 years, 4% thereafter
Assumed interest - after retirement: 3 ½%

M. Prudential Income Annuities

(formerly Single payment Non-Participating Immediate Annuities, or Immediate Income Annuity)

*Dates of Issue: 1/81 - Present

Purchase payments are established using assumptions of future mortality and interest earnings. These assumptions are:

A mortality table developed from actual Prudential annuitant experience with adjustment for improving mortality.

The interest rates at the time purchase payments are received, which are available for Prudential funds received under these contracts. They are adjusted for investment turnover.

N. Appreciable Life**O. Variable Appreciable Life**

*Dates of Issue: 9/86 - present

Mortality basis - before retirement: 1980 CSO Table B (age last birthday; immediate payment of death benefits)

Mortality basis - after retirement: 1983 Table a rated back 3 years (female age last birthday)

Assumed interest - before retirement: 4%

Assumed interest - after retirement: 3 ½%

P. Variable Investment Plan (VIP)**Q. Fixed Interest Plan (FIP)**

*Dates of Issue: 9/86 - Present

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1983 Table A rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 3%

Assumed interest - after retirement: 3 ½%

R. Flexible Discover

S. Flexible Discovery Plus

*Dates of Issue: 2/89 - Present

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1983 Table a rated back 3 years female, age last birthday)

Assumed interest - before retirement: 4%

Assumed interest - after retirement: 3 1/2%

Footnotes:

***Current Basis**

**This basis applies for issues to 6/84 in Mississippi and Alaska and to 7/85 in District of Columbia.

+This basis also applies to contracts issued from 11/74 to 12/74 in the following states: Iowa, Michigan, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin.

++This reflects a board concession granted to early issues.

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 52-1665523

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Pooled separate accounts:			
*	Stadion Managed Moderate SATM	Pooled separate account	(1) \$	3,145,089
*	Short Term SA14	Pooled separate account		2,748,254
*	Stadion Managed Growth SATG	Pooled separate account		2,669,737
*	LVIP SSgA S&P 500 Index SA27	Pooled separate account		2,310,765
*	LVIP SSgA Bond Index SAL6	Pooled separate account		1,927,149
*	LVIP Vanguard International Equity SA59	Pooled separate account		1,151,518
*	SSgA Russ LC VI Ix Non-Ln SAL8	Pooled separate account		958,014
*	LVIP SSgA Small Cap Index SA36	Pooled separate account		795,062
*	SSgA S&P Mid Cap Idx Non-Ln SALA	Pooled separate account		706,548
*	SSgA Russ LC Gr Ix Non-Ln SAL9	Pooled separate account		671,543
*	PIMCO Total Return SALM	Pooled separate account		470,274
*	High Yield Bond SA20	Pooled separate account		440,730
*	AmerFunds EuroPac Growth SA54	Pooled separate account		308,241
*	Stadion Mgd Conservative SATC	Pooled separate account		306,264
*	SSgA Russ SC VI Ix Non-Ln SALB	Pooled separate account		266,294
*	SSgA Russ SC Gr Ix Non-Ln SALC	Pooled separate account		242,705
*	LVIP Del Fndtn ModeratAll SA96	Pooled separate account		227,643
*	Del VIP Emerging Markets SA94	Pooled separate account		196,136
*	BlackRock Capital App SA81	Pooled separate account		188,413
*	Cohen & Steers Gbl REIT SA55	Pooled separate account		158,105
*	AC VP Inflation Protect SA92	Pooled separate account		149,082
*	Medium Cap Equity SA17	Pooled separate account		144,352
*	LVIP Protected Prof 2020 SAL2	Pooled separate account		95,619
*	Value Equity SA28	Pooled separate account		72,551
*	LVIP Delaware Special Opp SAL7	Pooled separate account		70,361
*	AmerFunds Invest Co Amer SA49	Pooled separate account		52,799
*	LVIP Del Fndtn AggressAll SA97	Pooled separate account		39,586
*	LVIP Protected Prof 2030 SAL3	Pooled separate account		25,824
*	LVIP Protected Prof 2040 SAL4	Pooled separate account		24,659
*	LVIP Protected Prof 2050 SALL	Pooled separate account		1,261

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2011

EIN: 52-1665523

Plan number: 001

(a) (b) (c) (d) (e)

	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Guaranteed interest accounts: Guaranteed Account	General account	(1)	581,637
	Self-directed brokerage account: TD Ameritrade	Mutual funds	↓	135,798
	Life insurance: Cash surrender value of life insurance	Prudential Insurance Company of America		16,760
				<u>\$ 21,298,773</u>
*	Notes receivable from participants with interest rates ranging from 4.25% to 9.25% and with maturities through March 2026.		-	<u>\$ 859,022</u>
*	Party-in-interest as defined by ERISA			
(1)	Cost information may be omitted for plan assets which are participant-directed.			

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2011

EIN: 52-1665523
Plan number: 001

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Corrected Outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions		
<u>2011 Plan Year:</u>						
\$ 174,410 * *	x	\$ -	\$ 174,410	\$ -	\$ -	-
<u>2010 Plan Year:</u>						
7,721 *	x	-	7,721	-	-	-
<u>2008 Plan Year:</u>						
15,935 *	x	-	15,935	-	-	-
<u>2007 Plan Year:</u>						
31,317 *	x	-	31,317	-	-	-

* * Lost earnings associated with these delinquent contributions were remitted to the Plan in June 2012.

* Lost earnings associated with these delinquent contributions were remitted to the Plan during 2011.