

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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>HEALTHCARE SOLUTIONS, INC 401(K) 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>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2006</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HEALTHCARE SOLUTIONS, INC.</u> <u>2736 MEADOW CHURCH RD STE 300</u> <u>DULUTH, GA 30097</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-0080565</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>678-730-0451</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-0080565</u>	2c Sponsor's telephone number <u>678-730-0451</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>26-0080565</u>					
2c Sponsor's telephone number <u>678-730-0451</u>					
2d Business code (see instructions) <u>524290</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. Signature of plan administrator	<u>10/02/2013</u> Date	<u>CYNTHIA GORE</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 850
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 708	
b Retired or separated participants receiving benefits.....	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 101	
d Subtotal. Add lines 6a , 6b , and 6c	6d 809	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1	
f Total. Add lines 6d and 6e	6f 810	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 370	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 40	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTHCARE SOLUTIONS, INC 401(K) 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>HEALTHCARE SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>26-0080565</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
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

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

JOHN HANCOCK FUNDS, LLC

601 CONGRESS STREET, 9145
BOSTON, MA 02210

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

LORD ABBETT DISTRIBUTOR, LLC

90 HUDSON STREET
JERSEY CITY, NJ 07032

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

NUVEEN INVESTMENTS

333 W. WACKER DR
CHICAGO, IL 60606

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

OPPENHEIMER FUNDS INC.

13-2527171

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

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

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

ADP

22-1467904

(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?
37 50 15 64	RECORD KEEPER	6625	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET CORPORATION

04-1867445

(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?
21 99	DIRECTED TRUSTEE/CUSTODIAN	0	Yes ☒ No ☐	Yes ☒ No ☐	500	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(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?
60 59 63 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

RAYMOND JAMES

1325 SATELLITE BLVD SUITE 1502
SUWANEE, GA 30024

(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?
49 99	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
RAYMOND JAMES	99	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
ADP BROKER-DEALER 22-3319984	0.0025 BASIS POINTS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
ADP BROKER-DEALER	63 60 59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
ADP BROKER-DEALER	63 60 59	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0
(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.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(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.	
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0
(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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0
(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.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.
IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0
(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.
NUVEEN INVESTMENTS 333 W. WACKER DR CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(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.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS	

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2012</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan HEALTHCARE SOLUTIONS, INC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEALTHCARE SOLUTIONS, INC.	D Employer Identification Number (EIN) 26-0080565	

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: SSGA S & P 500 INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-065	d Entity code C	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: INVESCO STABLE ASSET		
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY		
c EIN-PN 27-3884161-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 512434
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 IDX IX		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-344	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468131
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>HEALTHCARE SOLUTIONS, INC 401(K) 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>HEALTHCARE SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>26-0080565</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	91015	145081
	(9) Value of interest in common/collective trusts.....	1c(9)	985839	980565
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6479452	7837529
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

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	7556306	8963175

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7556306	8963175
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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)	246672	
(B) Participants	2a(1)(B)	1586838	
(C) Others (including rollovers)	2a(1)(C)	113056	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1946566
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)	3687	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3687
(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)	274797	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		274797
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		73048
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		576830
c Other income.....	2c		280
d Total income. Add all income amounts in column (b) and enter total.....	2d		2875208

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1430015	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1430015
f Corrective distributions (see instructions)	2f		30673
g Certain deemed distributions of participant loans (see instructions).....	2g		1026
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6625	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1468339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1406869
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ 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: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HEALTHCARE SOLUTIONS, INC 401(K) 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>HEALTHCARE SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>26-0080565</u>

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	<u>0</u>
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): <u>57-1198022</u>		
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)
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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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Healthcare Solutions, Inc.

401(k) Plan

Financial Report
December 31, 2012

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Independent Auditor's Report

To the Plan Administrator and Participants
Healthcare Solutions, Inc. 401(k) Plan
Duluth, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Healthcare Solutions, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States 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 3, which was certified or provided by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is, to the best of their knowledge, complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012, is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Atlanta, Georgia
September 6, 2013

Healthcare Solutions, Inc. 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2012 and 2011**

	2012	2011
Assets		
Investments at fair value (Notes 3, 4, 5 and 6)	<u>\$ 8,818,094</u>	<u>\$ 7,465,291</u>
Receivables:		
Notes receivable from participants (Note 3)	145,081	91,015
Employer's contributions	-	8,170
Participants' contributions	-	46,657
	<u>145,081</u>	<u>145,842</u>
Liabilities		
Excess contributions	-	39,140
Net assets available for benefits	<u><u>\$ 8,963,175</u></u>	<u><u>\$ 7,571,993</u></u>

See Notes to Financial Statements.

Healthcare Solutions, Inc. 401(k) Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2012**

Additions to net assets attributable to:	
Investment income (Note 3):	
Net appreciation in the fair value of investments	\$ 645,969
Interest and dividends	278,985
	<u>924,954</u>
Interest on notes receivable from participants (Note 3)	<u>3,687</u>
Contributions:	
Employer's	238,502
Participants'	1,548,648
Rollover	113,056
	<u>1,900,206</u>
Total additions	<u>2,828,847</u>
Deductions from net assets attributed to:	
Benefits paid to participants	1,431,040
Administrative fees (Note 7)	6,625
Total deductions	<u>1,437,665</u>
Net increase in net assets available for benefits	1,391,182
Net assets available for benefits:	
Beginning of year	<u>7,571,993</u>
End of year	<u><u>\$ 8,963,175</u></u>

See Notes to Financial Statements.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of the Healthcare Solutions, Inc. ("Plan sponsor" or "Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan's effective date was January 1, 2006. It is a defined contribution plan covering substantially all employees of the Company who have attained age 18, and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate in the Plan on the first day of the month after they have met the eligibility requirements.

Contributions: The Plan allows participants to contribute up to 80% of their eligible compensation, as defined by the Plan, on a tax-deferred or after-tax basis subject to Internal Revenue Service regulation limitations. The Company matches 25% of the first 6% of a participant's compensation that is contributed into the Plan. The Plan also permits non-elective contributions at the discretion of the Company. No non-elective contributions were made for the year ended December 31, 2012.

Participant accounts: Each participant's account is credited with the participant's contribution and the company's matching contributions and allocations of (a) the company's non-elective discretionary contributions and (b) plan earnings and losses, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant compensation or account balances, as defined. 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 voluntary contributions plus actual earnings and losses thereon or upon death, disability or attainment of age 65. Vesting in the employer's contributions and earnings thereon is based on years of service. A participant is 100% vested after three years of credited services.

Forfeited accounts: When termination of participation in the Plan occurs, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce future employer matching contributions. At December 31, 2012 and 2011, there were no forfeited non-vested account balances. For the year ended December 31, 2012, employer contributions were reduced by \$15,615 from forfeited non-vested accounts. However, if the participant is re-employed and fulfills certain requirements, as defined by the Plan, the participant's account will be reinstated.

Investment options: Upon enrollment in the Plan, a participant may direct employee and employer contributions into selected investment options as made available and determined by the Plan administrator. Participants have daily access to their investment balances. Changes may be self-directed by the participants through internet or telephone transfers.

Payment of benefits: Upon leaving the Company for retirement, termination, disability or death, a participant or designated beneficiary may elect to receive a lump sum distribution or installment equal to the value of the participant's vested interest in his or her account balance at the date of distribution. Participants may withdraw all or part of their vested account balance upon reaching age 59 ½. Rollover contributions may be withdrawn at any time. In the event of a financial hardship, a participant may withdraw any elective deferrals and any vested employer contributions.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of 50% of the present value of the non-forfeitable accrued benefit under the Plan, or \$50,000 reduced by the excess (if any) of the highest outstanding balance of loans from the Plan to the participant during the one year period ending on the day before the date on which such loan is made. The minimum loan is \$500. A loan is secured by the balance in the participant's account and bears interest at a rate equal to the prime rate as of the 14th of the month the loan is effective plus two percentage points. Principal and interest are paid through semi-monthly payroll deductions and must be fully repaid within five years, unless the loan is for the purchase of a primary residence then the loan may be repaid within a period of no more than thirty years.

Note 2. Significant Accounting Policies

Accounting records: The accounting records with respect to investment transactions are maintained by State Street Bank and Trust Company ("State Street"), the trustee of the Plan. ADP is the recordkeeper and maintains participant level records.

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Valuation of investments and income recognition: The Plan's 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. The Plan Administrator and management determine the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

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

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 at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Contributions: Contributions from Plan participants and the matching contribution from the Plan sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Profit-sharing contributions are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative fees: As provided by the Plan agreement, the Plan sponsor pays certain expenses on behalf of the Plan. Certain investment management expenses, transaction costs and service charges are paid by the Plan. Loan origination fees are charged to the borrower/participant.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent events: The Plan administrator has evaluated subsequent events (events occurring after December 31, 2012) through September 6, 2013, the date the financial statements were available to be issued.

Income taxes: GAAP requires the Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax position and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S federal, state, or local tax authorities for years before 2009.

Accounting pronouncements adopted: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*. (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurement*. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. See Note 5 for effect of adoption.

Accounting pronouncements not yet effective: In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements*. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013, for non-public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financials. The adoption of ASU 2012-04 is not expected to have a material effect on subsequent periods.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 3. Investment Information Certified or Provided by State Street Bank and Trust Company (“Trustee”)

The following is a summary of the Plan’s asset information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information certified or provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to the following assets is complete and accurate to the best of its knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to information included in the Plan’s financial statements and supplemental schedule related to the following assets:

	December 31,	
	2012	2011
Investments:		
Registered investment companies (mutual funds)	\$ 7,837,529	\$ 6,479,452
Collective trust funds	980,565	985,839
	<u>\$ 8,818,094</u>	<u>\$ 7,465,291</u>
Notes receivable from participants	<u>\$ 145,081</u>	<u>\$ 91,015</u>

The trustee of the Plan also certified, to the best of their knowledge, the completeness and accuracy of \$645,969 of net appreciation in the fair value of investments, \$278,985 of dividends and interest related to the aforementioned investments and \$3,687 of interest on notes receivable from participants for the year ended December 31, 2012.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 4. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2012 or 2011 are as follows:

	December 31,	
	2012	2011
Collective trust funds:		
Invesco Stable Asset ADP85	\$ 512,434	\$ 541,594
SSGA S&P 500 Index Fund	468,131	444,245
Registered investment companies (mutual funds):		
Blackrock Global Allocation Fund	1,525,355	1,000,512
Lord Abbett Fun Equity Fund	769,520	807,259
Pimco Total Return Fund	596,276	533,455
Alger Capital Appreciation Institute Fund	581,629	*
Goldman Sachs Mid Cap Value Vund	509,647	448,141
MFS Govt Sec	503,394	455,952
Oppenheimer Global Strategic Income Fund	*	427,272
Nuveen Mid Cap Index	*	422,258
John Hancock Lg Cp Eq	*	521,693

*This investment did not exceed 5% of the Plan's net assets available for benefits or the investment was not included in the Plan's investments as of this date.

Notes to Financial Statements

Note 5. Fair Value Measurements

The framework for measuring fair value 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 are described as follows:

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 or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted 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.

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, 2012 and 2011.

Registered investment companies (mutual funds): Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued based on the NAV of units of common collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

December 31, 2012				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds):				
Large cap	\$ 3,964,755	\$ -	\$ -	\$ 3,964,755
Mid cap	1,159,432	-	-	1,159,432
Small cap	595,445	-	-	595,445
Government	503,394	-	-	503,394
Real estate	279,637	-	-	279,637
Bond funds	1,334,866	-	-	1,334,866
Common collective trust funds:				
Large cap	-	512,434	-	512,434
Bond funds	-	468,131	-	468,131
	<u>\$ 7,837,529</u>	<u>\$ 980,565</u>	<u>\$ -</u>	<u>\$ 8,818,094</u>
December 31, 2011				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds):				
Large cap	\$ 3,081,817	\$ -	\$ -	\$ 3,081,817
Mid cap	1,024,412	-	-	1,024,412
Small cap	512,682	-	-	512,682
Government	455,952	-	-	455,952
Real estate	244,374	-	-	244,374
Bond funds	1,160,215	-	-	1,160,215
Common collective trust funds:				
Large cap	-	541,594	-	541,594
Bond funds	-	444,245	-	444,245
	<u>\$ 6,479,452</u>	<u>\$ 985,839</u>	<u>\$ -</u>	<u>\$ 7,465,291</u>

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 6. Net Asset Value Per Share

The following table sets forth additional disclosure of the Plan's investments whose fair value is estimated using net asset value:

Investment	Fair Value Estimated Using Net Asset Value Per Share					
	Fair Value*		Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
	December 31, 2012	December 31 2011				
Invesco Stable Asset ADP85 Trust Fund (a)	\$ 512,434	\$ 541,594	\$ -	Daily	None	None
SSGA S&P 500 Index Trust Fund (b)	\$ 468,131	\$ 444,245	-	Daily	None	None

* The fair values of the investments have been estimated using the net asset value of the investment.

- (a) The investment objective of the fund shall be to seek preservation of principal while seeking a rate of return which, over time, is competitive with rates of return earned over an extended period of time by comparable fixed income investment products. The fund provides its investors with a medium for collective investment and reinvestment in one or more bank, insurance company or synthetic investment contracts, and in short-term investments or other collective investment funds.
- (b) The investment seeks to replicate the total return of the S&P 500 index. It invests at least 80% of total assets in stocks in the S&P 500 index in proportion to their weighting. The fund may also invest in futures, options and other derivatives.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no transfers in or out of Levels.

Note 7. Related Party Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Sponsor are considered party-in-interest transaction. State Street is the trustee of the Plan; therefore transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$6,625 for the year ended December 31, 2012. The Plan sponsor also paid certain administrative expenses of the Plan.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 8. Tax Status

The Plan adopted a non-standardized form of a prototype plan sponsored by Automatic Data Processing Federal Credit Union. The prototype plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the adoption of the prototype plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 9. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 10. Plan Failure

In 2010, management identified an operational failure of the Plan related to not performing certain discrimination testing at the control group level for the years 2007 through 2010. The Plan elected to correct the operational failure through the Internal Revenue Service ("IRS") Voluntary Correction Program ("VCP"). The IRS accepted the proposed correction in May 2012 and the IRS approved corrections were subsequently completed during 2012. The corrections did not have a significant effect on the Plan's financial statements.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to the Form 5500:

	December 31,	
	2012	2011
Net assets available for benefits as presented in these financial statements	\$ 8,963,175	\$ 7,571,993
Adjustments for:		
Employer contributions receivable	-	(8,170)
Employee contributions receivable	-	(46,657)
Investments – participant loans	145,081	91,015
Receivables – notes receivable from participants	(145,081)	(91,015)
Excess contributions	-	39,140
Net assets available for benefits as presented on Form 5500	<u>\$ 8,963,175</u>	<u>\$ 7,556,306</u>

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

	Year Ended December 31, 2012
Net increase in net assets available for benefits as presented in these financial statements	\$ 1,391,182
Adjustments for:	
Change in employer contributions receivable	8,170
Change in employee contributions receivable	46,657
Change in excess contributions	<u>(39,140)</u>
Net increase in net assets available for benefits as presented on Form 5500	<u>\$ 1,406,869</u>

Healthcare Solutions, Inc. 401(k) Plan

**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2012**

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Blackrock Global Allocation	Mutual Fund	\$ 1,525,355
Lord Abbett Fun Equity Fund	Mutual Fund	769,520
Pimco Total Return Fund	Mutual Fund	596,276
Alger Capital Appreciation Institute Fund	Mutual Fund	581,629
GS Mid Cap Value Vund	Mutual Fund	509,647
MFS Govt Sec	Mutual Fund	503,394
Nuveen Mid Cap Index	Mutual Fund	423,035
Oppenheimer Gbl Strat Inc	Mutual Fund	420,199
Blackrock Basic Val Fund	Mutual Fund	379,369
Franklin Small Cap Value Fd	Mutual Fund	303,976
Invesco Real Estate	Mutual Fund	279,637
Blackrock Sm Cap Grth II	Mutual Fund	257,050
Ivy Mid Cap Gr	Mutual Fund	226,750
Blackrock High Yield Bond	Mutual Fund	221,982
American Funds Eurpac GR	Mutual Fund	195,994
Franklin Templeton Mod Alloc	Mutual Fund	165,906
American Funds New Perspective	Mutual Fund	161,345
Oppenheimer Intl Bond Fd	Mutual Fund	96,409
Invesco Intl Growth	Mutual Fund	86,162
Invesco Intl Core Eq	Mutual Fund	67,300
Invesco Small Cap Equity	Mutual Fund	34,419
Franklin Growth Allocation	Mutual Fund	32,175
Invesco Stable Asset ADP85	Collective trust fund	512,434
* SSGA S&P 500 Index Fund	Collective trust fund	468,131
* Healthcare Solutions, Inc. 401(k) Plan	Participant loans, interest rates from 5.25% to 7%, with varying maturities through 2022	145,081
		<u>\$ 8,963,175</u>

* Represents a party-in-interest.

All investments are participant-directed; therefore, cost information has not been presented.

The above information has been certified at fair value by State Street Bank and Trust Company, the trustee, as "complete and accurate to the best of their knowledge".

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Healthcare Solutions, Inc.

401(k) Plan

Financial Report
December 31, 2012

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Independent Auditor's Report

To the Plan Administrator and Participants
Healthcare Solutions, Inc. 401(k) Plan
Duluth, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Healthcare Solutions, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States 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 3, which was certified or provided by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is, to the best of their knowledge, complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012, is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Atlanta, Georgia
September 6, 2013

Healthcare Solutions, Inc. 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2012 and 2011**

	2012	2011
Assets		
Investments at fair value (Notes 3, 4, 5 and 6)	<u>\$ 8,818,094</u>	<u>\$ 7,465,291</u>
Receivables:		
Notes receivable from participants (Note 3)	145,081	91,015
Employer's contributions	-	8,170
Participants' contributions	-	46,657
	<u>145,081</u>	<u>145,842</u>
Liabilities		
Excess contributions	-	39,140
Net assets available for benefits	<u><u>\$ 8,963,175</u></u>	<u><u>\$ 7,571,993</u></u>

See Notes to Financial Statements.

Healthcare Solutions, Inc. 401(k) Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2012**

Additions to net assets attributable to:	
Investment income (Note 3):	
Net appreciation in the fair value of investments	\$ 645,969
Interest and dividends	278,985
	<u>924,954</u>
Interest on notes receivable from participants (Note 3)	<u>3,687</u>
Contributions:	
Employer's	238,502
Participants'	1,548,648
Rollover	113,056
	<u>1,900,206</u>
Total additions	<u>2,828,847</u>
Deductions from net assets attributed to:	
Benefits paid to participants	1,431,040
Administrative fees (Note 7)	6,625
Total deductions	<u>1,437,665</u>
Net increase in net assets available for benefits	1,391,182
Net assets available for benefits:	
Beginning of year	<u>7,571,993</u>
End of year	<u><u>\$ 8,963,175</u></u>

See Notes to Financial Statements.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of the Healthcare Solutions, Inc. ("Plan sponsor" or "Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan's effective date was January 1, 2006. It is a defined contribution plan covering substantially all employees of the Company who have attained age 18, and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate in the Plan on the first day of the month after they have met the eligibility requirements.

Contributions: The Plan allows participants to contribute up to 80% of their eligible compensation, as defined by the Plan, on a tax-deferred or after-tax basis subject to Internal Revenue Service regulation limitations. The Company matches 25% of the first 6% of a participant's compensation that is contributed into the Plan. The Plan also permits non-elective contributions at the discretion of the Company. No non-elective contributions were made for the year ended December 31, 2012.

Participant accounts: Each participant's account is credited with the participant's contribution and the company's matching contributions and allocations of (a) the company's non-elective discretionary contributions and (b) plan earnings and losses, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant compensation or account balances, as defined. 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 voluntary contributions plus actual earnings and losses thereon or upon death, disability or attainment of age 65. Vesting in the employer's contributions and earnings thereon is based on years of service. A participant is 100% vested after three years of credited services.

Forfeited accounts: When termination of participation in the Plan occurs, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce future employer matching contributions. At December 31, 2012 and 2011, there were no forfeited non-vested account balances. For the year ended December 31, 2012, employer contributions were reduced by \$15,615 from forfeited non-vested accounts. However, if the participant is re-employed and fulfills certain requirements, as defined by the Plan, the participant's account will be reinstated.

Investment options: Upon enrollment in the Plan, a participant may direct employee and employer contributions into selected investment options as made available and determined by the Plan administrator. Participants have daily access to their investment balances. Changes may be self-directed by the participants through internet or telephone transfers.

Payment of benefits: Upon leaving the Company for retirement, termination, disability or death, a participant or designated beneficiary may elect to receive a lump sum distribution or installment equal to the value of the participant's vested interest in his or her account balance at the date of distribution. Participants may withdraw all or part of their vested account balance upon reaching age 59 ½. Rollover contributions may be withdrawn at any time. In the event of a financial hardship, a participant may withdraw any elective deferrals and any vested employer contributions.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of 50% of the present value of the non-forfeitable accrued benefit under the Plan, or \$50,000 reduced by the excess (if any) of the highest outstanding balance of loans from the Plan to the participant during the one year period ending on the day before the date on which such loan is made. The minimum loan is \$500. A loan is secured by the balance in the participant's account and bears interest at a rate equal to the prime rate as of the 14th of the month the loan is effective plus two percentage points. Principal and interest are paid through semi-monthly payroll deductions and must be fully repaid within five years, unless the loan is for the purchase of a primary residence then the loan may be repaid within a period of no more than thirty years.

Note 2. Significant Accounting Policies

Accounting records: The accounting records with respect to investment transactions are maintained by State Street Bank and Trust Company ("State Street"), the trustee of the Plan. ADP is the recordkeeper and maintains participant level records.

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Valuation of investments and income recognition: The Plan's 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. The Plan Administrator and management determine the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

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

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 at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Contributions: Contributions from Plan participants and the matching contribution from the Plan sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Profit-sharing contributions are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative fees: As provided by the Plan agreement, the Plan sponsor pays certain expenses on behalf of the Plan. Certain investment management expenses, transaction costs and service charges are paid by the Plan. Loan origination fees are charged to the borrower/participant.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent events: The Plan administrator has evaluated subsequent events (events occurring after December 31, 2012) through September 6, 2013, the date the financial statements were available to be issued.

Income taxes: GAAP requires the Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax position and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S federal, state, or local tax authorities for years before 2009.

Accounting pronouncements adopted: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*. (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurement*. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. See Note 5 for effect of adoption.

Accounting pronouncements not yet effective: In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements*. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013, for non-public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financials. The adoption of ASU 2012-04 is not expected to have a material effect on subsequent periods.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 3. Investment Information Certified or Provided by State Street Bank and Trust Company (“Trustee”)

The following is a summary of the Plan’s asset information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information certified or provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to the following assets is complete and accurate to the best of its knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to information included in the Plan’s financial statements and supplemental schedule related to the following assets:

	December 31,	
	2012	2011
Investments:		
Registered investment companies (mutual funds)	\$ 7,837,529	\$ 6,479,452
Collective trust funds	980,565	985,839
	<u>\$ 8,818,094</u>	<u>\$ 7,465,291</u>
Notes receivable from participants	<u>\$ 145,081</u>	<u>\$ 91,015</u>

The trustee of the Plan also certified, to the best of their knowledge, the completeness and accuracy of \$645,969 of net appreciation in the fair value of investments, \$278,985 of dividends and interest related to the aforementioned investments and \$3,687 of interest on notes receivable from participants for the year ended December 31, 2012.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 4. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2012 or 2011 are as follows:

	December 31,	
	2012	2011
Collective trust funds:		
Invesco Stable Asset ADP85	\$ 512,434	\$ 541,594
SSGA S&P 500 Index Fund	468,131	444,245
Registered investment companies (mutual funds):		
Blackrock Global Allocation Fund	1,525,355	1,000,512
Lord Abbett Fun Equity Fund	769,520	807,259
Pimco Total Return Fund	596,276	533,455
Alger Capital Appreciation Institute Fund	581,629	*
Goldman Sachs Mid Cap Value Vund	509,647	448,141
MFS Govt Sec	503,394	455,952
Oppenheimer Global Strategic Income Fund	*	427,272
Nuveen Mid Cap Index	*	422,258
John Hancock Lg Cp Eq	*	521,693

*This investment did not exceed 5% of the Plan's net assets available for benefits or the investment was not included in the Plan's investments as of this date.

Notes to Financial Statements

Note 5. Fair Value Measurements

The framework for measuring fair value 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 are described as follows:

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 or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted 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.

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, 2012 and 2011.

Registered investment companies (mutual funds): Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued based on the NAV of units of common collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

December 31, 2012				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds):				
Large cap	\$ 3,964,755	\$ -	\$ -	\$ 3,964,755
Mid cap	1,159,432	-	-	1,159,432
Small cap	595,445	-	-	595,445
Government	503,394	-	-	503,394
Real estate	279,637	-	-	279,637
Bond funds	1,334,866	-	-	1,334,866
Common collective trust funds:				
Large cap	-	512,434	-	512,434
Bond funds	-	468,131	-	468,131
	<u>\$ 7,837,529</u>	<u>\$ 980,565</u>	<u>\$ -</u>	<u>\$ 8,818,094</u>
December 31, 2011				
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds):				
Large cap	\$ 3,081,817	\$ -	\$ -	\$ 3,081,817
Mid cap	1,024,412	-	-	1,024,412
Small cap	512,682	-	-	512,682
Government	455,952	-	-	455,952
Real estate	244,374	-	-	244,374
Bond funds	1,160,215	-	-	1,160,215
Common collective trust funds:				
Large cap	-	541,594	-	541,594
Bond funds	-	444,245	-	444,245
	<u>\$ 6,479,452</u>	<u>\$ 985,839</u>	<u>\$ -</u>	<u>\$ 7,465,291</u>

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 6. Net Asset Value Per Share

The following table sets forth additional disclosure of the Plan's investments whose fair value is estimated using net asset value:

Investment	Fair Value Estimated Using Net Asset Value Per Share					
	Fair Value*		Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
	December 31, 2012	December 31 2011				
Invesco Stable Asset ADP85 Trust Fund (a)	\$ 512,434	\$ 541,594	\$ -	Daily	None	None
SSGA S&P 500 Index Trust Fund (b)	\$ 468,131	\$ 444,245	-	Daily	None	None

* The fair values of the investments have been estimated using the net asset value of the investment.

- (a) The investment objective of the fund shall be to seek preservation of principal while seeking a rate of return which, over time, is competitive with rates of return earned over an extended period of time by comparable fixed income investment products. The fund provides its investors with a medium for collective investment and reinvestment in one or more bank, insurance company or synthetic investment contracts, and in short-term investments or other collective investment funds.
- (b) The investment seeks to replicate the total return of the S&P 500 index. It invests at least 80% of total assets in stocks in the S&P 500 index in proportion to their weighting. The fund may also invest in futures, options and other derivatives.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no transfers in or out of Levels.

Note 7. Related Party Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Sponsor are considered party-in-interest transaction. State Street is the trustee of the Plan; therefore transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$6,625 for the year ended December 31, 2012. The Plan sponsor also paid certain administrative expenses of the Plan.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 8. Tax Status

The Plan adopted a non-standardized form of a prototype plan sponsored by Automatic Data Processing Federal Credit Union. The prototype plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the adoption of the prototype plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 9. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 10. Plan Failure

In 2010, management identified an operational failure of the Plan related to not performing certain discrimination testing at the control group level for the years 2007 through 2010. The Plan elected to correct the operational failure through the Internal Revenue Service ("IRS") Voluntary Correction Program ("VCP"). The IRS accepted the proposed correction in May 2012 and the IRS approved corrections were subsequently completed during 2012. The corrections did not have a significant effect on the Plan's financial statements.

Healthcare Solutions, Inc. 401(k) Plan

Notes to Financial Statements

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to the Form 5500:

	December 31,	
	2012	2011
Net assets available for benefits as presented in these financial statements	\$ 8,963,175	\$ 7,571,993
Adjustments for:		
Employer contributions receivable	-	(8,170)
Employee contributions receivable	-	(46,657)
Investments – participant loans	145,081	91,015
Receivables – notes receivable from participants	(145,081)	(91,015)
Excess contributions	-	39,140
Net assets available for benefits as presented on Form 5500	<u>\$ 8,963,175</u>	<u>\$ 7,556,306</u>

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

	Year Ended December 31, 2012
Net increase in net assets available for benefits as presented in these financial statements	\$ 1,391,182
Adjustments for:	
Change in employer contributions receivable	8,170
Change in employee contributions receivable	46,657
Change in excess contributions	<u>(39,140)</u>
Net increase in net assets available for benefits as presented on Form 5500	<u>\$ 1,406,869</u>

Healthcare Solutions, Inc. 401(k) Plan

**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2012**

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Blackrock Global Allocation	Mutual Fund	\$ 1,525,355
Lord Abbett Fun Equity Fund	Mutual Fund	769,520
Pimco Total Return Fund	Mutual Fund	596,276
Alger Capital Appreciation Institute Fund	Mutual Fund	581,629
GS Mid Cap Value Vund	Mutual Fund	509,647
MFS Govt Sec	Mutual Fund	503,394
Nuveen Mid Cap Index	Mutual Fund	423,035
Oppenheimer Gbl Strat Inc	Mutual Fund	420,199
Blackrock Basic Val Fund	Mutual Fund	379,369
Franklin Small Cap Value Fd	Mutual Fund	303,976
Invesco Real Estate	Mutual Fund	279,637
Blackrock Sm Cap Grth II	Mutual Fund	257,050
Ivy Mid Cap Gr	Mutual Fund	226,750
Blackrock High Yield Bond	Mutual Fund	221,982
American Funds Eurpac GR	Mutual Fund	195,994
Franklin Templeton Mod Alloc	Mutual Fund	165,906
American Funds New Perspective	Mutual Fund	161,345
Oppenheimer Intl Bond Fd	Mutual Fund	96,409
Invesco Intl Growth	Mutual Fund	86,162
Invesco Intl Core Eq	Mutual Fund	67,300
Invesco Small Cap Equity	Mutual Fund	34,419
Franklin Growth Allocation	Mutual Fund	32,175
Invesco Stable Asset ADP85	Collective trust fund	512,434
* SSGA S&P 500 Index Fund	Collective trust fund	468,131
* Healthcare Solutions, Inc. 401(k) Plan	Participant loans, interest rates from 5.25% to 7%, with varying maturities through 2022	145,081
		<u>\$ 8,963,175</u>

* Represents a party-in-interest.

All investments are participant-directed; therefore, cost information has not been presented.

The above information has been certified at fair value by State Street Bank and Trust Company, the trustee, as "complete and accurate to the best of their knowledge".

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HEALTHCARE SOLUTIONS, INC 401(K) PLAN

EIN: 26-0080565

Plan Sponsor's Name HEALTHCARE SOLUTIONS, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS EURPAC GR FD-R4	REGISTERED INVESTMENT COMPANY		195,994
	BLACKROCK SM CAP GRTH II - A	REGISTERED INVESTMENT COMPANY		257,050
	OPPENHEIMER INTL BOND FD - A	REGISTERED INVESTMENT COMPANY		96,409
	GS MID CAP VALUE FUND - A	REGISTERED INVESTMENT COMPANY		509,647
	LORD ABBETT FUN EQUITY FND - A	REGISTERED INVESTMENT COMPANY		769,520
	MFS GOVT SEC - R2	REGISTERED INVESTMENT COMPANY		503,394
	INVESCO INTL CORE EQ A	REGISTERED INVESTMENT COMPANY		67,300

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HEALTHCARE SOLUTIONS, INC 401(K) PLAN

EIN: 26-0080565

Plan Sponsor's Name HEALTHCARE SOLUTIONS, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK HIGH YIELD BOND-A	REGISTERED INVESTMENT COMPANY		221,982
	AMER FUNDS NEW PERSPECTIVE -R4	REGISTERED INVESTMENT COMPANY		161,345
	BLACKROCK BASIC VAL FUND - A	REGISTERED INVESTMENT COMPANY		379,369
	NUVEEN MID CAP INDEX A	REGISTERED INVESTMENT COMPANY		423,035
	FRANKLIN TEMPLETON MOD ALLOC A	REGISTERED INVESTMENT COMPANY		165,906
	FRANKLIN GROWTH ALLOCATION A	REGISTERED INVESTMENT COMPANY		32,172
	IVY MID CAP GR A	REGISTERED INVESTMENT COMPANY		226,750

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HEALTHCARE SOLUTIONS, INC 401(K) PLAN

EIN: 26-0080565

Plan Sponsor's Name HEALTHCARE SOLUTIONS, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	INVESCO REAL ESTATE - A	REGISTERED INVESTMENT COMPANY		279,637
	INVESCO SMALL CAP EQUITY - A	REGISTERED INVESTMENT COMPANY		34,419
	INVESCO INTL GROWTH - A	REGISTERED INVESTMENT COMPANY		86,162
	BLACKROCK GLOBAL ALLOCATION A	REGISTERED INVESTMENT COMPANY		1,525,355
	FRANKLIN SMALL CAP VALUE FD-A	REGISTERED INVESTMENT COMPANY		303,976
	PIMCO TOTAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		596,276
	OPPENHEIMER GLBL STRAT INC A	REGISTERED INVESTMENT COMPANY		420,199

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HEALTHCARE SOLUTIONS, INC 401(K) PLAN

EIN: 26-0080565

Plan Sponsor's Name HEALTHCARE SOLUTIONS, INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALGER CAPITAL APPR INSTIT - I	REGISTERED INVESTMENT COMPANY		581,629
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 7.00%)		145,081
	INVESCO STABLE ASSET	COMMON/COLLECTIVE TRUST		512,434
	SSGA S & P 500 IDX IX	COMMON/COLLECTIVE TRUST		468,131