Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACE CASH EXPRESS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

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

ACE CASH EXPRESS, INC.

1231 GREENWAY DRIVE
SUITE 800
IRVING, TX 75038

1231 GREENWAY DRIVE
SUITE 800
IRVING, TX 75038

2b Employer Identification Number (EIN)
75-2142963

2c Sponsor's telephone number
972-550-5000

2d Business code (see instructions)
522300

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.	08/24/2012	JODY DIAZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

1231 GREENWAY DRIVE
SUITE 800
IRVING, TX 75038

3b Administrator's EIN
75-2142963

3c Administrator's telephone number
972-550-5000

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**	3080
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**	4130
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	197
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4329
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	4330
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1323
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
ACE CASH EXPRESS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACE CASH EXPRESS, INC.

D Employer Identification Number (EIN)
75-2142963

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	28556	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MFS VALUE R3 - MFS SERVICE CENTER I 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PIM TOTAL RETURN A - BOSTON FINANCI 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PRU/J MID CAP GR A - PRUDENTIAL MUT 22-3703799	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
THORNBURG INT VAL R4 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
VICTORY SM CO OPP A - CITI FUND SER 31-1249295	0.25%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
ACE CASH EXPRESS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACE CASH EXPRESS, INC.

D Employer Identification Number (EIN)
75-2142963

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13745	80603
(2) Participant contributions	1b(2)	55900	20151
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1532906	1720295
(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)	838647	997855
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12886013	13482486
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15327211	16301390
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15327211	16301390

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)	445975	
(B) Participants	2a(1)(B)	2067215	
(C) Others (including rollovers)	2a(1)(C)	518608	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3031798
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1078	
(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)	35810	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36888
(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)	450502	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		450502
(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)		

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-994860
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2524328
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1404950	
	(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)		1404950
f	Corrective distributions (see instructions)	2f		111798
g	Certain deemed distributions of participant loans (see instructions)	2g		4825
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)	28576	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28576
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1550149
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		974179
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
ACE CASH EXPRESS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACE CASH EXPRESS, INC.

D Employer Identification Number (EIN)
75-2142963

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Report of Independent Certified Public Accountants

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

December 31, 2011 and 2010

I N D E X

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 not included herein have been omitted as there were no transactions or assets of the type required to be disclosed in such schedules.

Grant Thornton

Report of Independent Certified Public Accountants

Audit • Tax • Advisory
Grant Thornton LLP
1717 Main Street, Suite 1500
Dallas, TX 75201-4667
T 214.561.2300
F 214.561.2370
www.GrantThornton.com

Plan Administrator
ACE Cash Express, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of the ACE Cash Express, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011 and the supplemental Schedule H, Part IV, Lines 4a and 4i, Schedule of Delinquent Participant Contributions and Schedule of Assets (Held At End of Year), respectively, as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
August 21, 2012

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2011	2010
Assets		
Investments, at fair value:		
Mutual funds	$13,482,487	$12,886,013
Money market accounts	1,720,295	1,532,906
Total investments	15,202,782	14,418,919
Receivables:		
Employee contributions receivable	80,603	55,900
Employer contributions receivable	20,151	13,745
Notes receivable from participants	1,019,102	856,205
Total receivables	1,119,856	925,850
Total assets	16,322,638	15,344,769
Liabilities		
Excess contributions payable	61,829	111,789
Net assets available for benefits	$16,260,809	$15,232,980

The accompanying notes are an integral part of these statements.

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

Additions:	
Additions to net assets attributed to:	
Investment income	
Net depreciation in fair value of investments	$ (994,859)
Interest and dividend income	451,580
Net investment income	(543,279)
Interest income on notes receivable from participants	35,810
Contributions:	
Participants' contributions	2,067,215
Employer contributions	445,975
Rollovers from qualified plans	518,608
	3,031,798
Total additions	2,524,329
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,355,524
Deemed distributions	112,400
Administrative expenses	28,576
Total deductions	1,496,500
Net increase	1,027,829
Net assets available for benefits	
Beginning of year	15,232,980
End of year	$16,260,809

The accompanying notes are an integral part of this statement.

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of the ACE Cash Express, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, established by ACE Cash Express, Inc. ("Company" or "Employer"), under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is available to employees who are 21 years of age or older. Until July 31, 2011, employees were eligible to participate in the Plan after completing 11 months of service, and effective August 1, 2011, employees are eligible to participate in the Plan on the first day of the month following 30 days of service.

Contributions

Participants can defer up to 50% of their eligible compensation, as defined in the Plan, on a pre-tax basis subject to the IRC's contribution limitation. The maximum allowable participant deferral was $16,500 for 2011. Pursuant to IRC Section 414(v), the Plan permits participants 50 years of age or older to make an additional "catch-up" contributions. These participants could contribute an additional $5,500 in 2011. Catch-up contributions are not subject to Company matching contributions. Participants may also roll over funds from other qualified plans into the Plan.

The Plan permits the Company to make discretionary matching contributions, the amount of which is determined annually by the Board of Directors. During 2011, they elected to match 25% of the employee's deferral of salary.

Participant Accounts

Each participant's account is credited with the participant's contribution and withdrawals, Plan earnings, and Employer's contributions. The Employer's contributions are computed based on the participants eligible compensation contributed to the Plan each period. Participants are entitled to the benefit that can be provided from the participant's vested account.

The participant determines the investment fund allocation of elective and matching contributions. Contributions may be allocated entirely to one fund or to a combination of funds or accounts. Participants may change their investment options daily.

NOTE A - DESCRIPTION OF PLAN - Continued

Vesting

Participants are vested immediately in their voluntary contributions and the investment earnings thereon. Until July 31, 2011, employer contributions and any investment earnings thereon vested 100% after 11 months of service. Effective August 1, 2011 employer contributions and any investment earnings thereon vest 100% after two years of service.

Payment of Benefits

Upon retirement, death, disability, or termination of employment, a participant (or the participant's beneficiary, if applicable) may elect to receive the value of the participant's vested account interest. The form of payment is a lump sum distribution.

Upon demonstrated immediate and heavy financial need, as defined in the Plan document, hardship withdrawals are permitted.

Notes Receivable from Participants

Participants may borrow from their vested fund accounts for an amount not greater than the lesser of 50% of the participant's vested account balance or $50,000. The loans are secured by the remaining balance in the participant's account. The loans bear interest at rates that are commensurate with local prevailing rates at the date of issuance, as determined quarterly by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Plan Termination

While the Employer has not expressed any intent to terminate the Plan, it has the right to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

Forfeitures

Forfeitures represent the portion of employer contributions forfeited as a result of participants receiving a refund of excess employee contributions or unvested match for terminated employees. Forfeitures are used to reduce the Employer matching contributions or to pay administrative expenses. Forfeitures applied toward employer matching contributions and administrative expenses were $69,089 and $2,915, respectively, for the year ended December 31, 2011. Plan assets included unallocated forfeitures of $2,272 and $47,710 at December 31, 2011 and 2010, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments, in the statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable From Participants

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments and initiation of loans are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings; they are included in mutual fund expense ratios. All other administrative expenses are generally paid by the Company.

NOTE C - INVESTMENTS

Investments that individually represent 5% or more of the Plan's net assets are separately identified as follows:

	December 31, 2011	December 31, 2010
Investments at fair value		
Fidelity Advisor Strategic Income Fund	$2,548,366	$2,122,026
Fidelity Advisor Leveraged Company Stock Fund	1,576,098	1,682,293
Fidelity Prime Fund	1,720,295	1,532,906
Fidelity Advisor Small Cap Fund	1,351,543	1,411,632
Fidelity Advisor Dividend Growth Fund	1,193,957	1,248,770
Thornburg International Value Fund	1,027,178	*
Fidelity Advisor Diversified International Fund	*	1,206,326

*Did not represent 5% of the Plan's net assets at year end.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan utilizes 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 markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. 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.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

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

Mutual Funds: Valued at the closing price reported on the active market on which mutual funds are traded.

Money Market Accounts: Investments in money market accounts are treated as cash equivalents, which approximate fair value.

The preceding methods described 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 estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

	Assets at fair value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Blended funds	$ 6,420,610	$ -	$ -	$ 6,420,610
Growth funds	2,163,701	-	-	2,163,701
Value funds	1,958,288	-	-	1,958,288
Bonds	2,939,888	-	-	2,939,888
Total mutual funds	13,482,487	-	-	13,482,487
Money market accounts	1,720,295	-	-	1,720,295
Total assets at fair value	$15,202,782	$ -	$ -	$15,202,782

	Assets at fair value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Blended funds	$ 6,403,170	$ -	$ -	$ 6,403,170
Growth funds	3,799,242	-	-	3,799,242
Value funds	301,141	-	-	301,141
Bonds	2,382,460	-	-	2,382,460
Total mutual funds	12,886,013	-	-	12,886,013
Money market accounts	1,532,906	-	-	1,532,906
Total assets at fair value	$14,418,919	$ -	$ -	$14,418,919

NOTE E - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, ("Trustee"), has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010.
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Schedule H, Part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2011.

During 2011, the Plan's investments (including investments bought and sold, as well as held during the year) depreciated in fair value as determined by quoted market prices as follows:

	2011
Blended fund investments	$(645,997)
Growth fund investments	(95,620)
Value fund investments	(186,301)
Bond investments	(66,941)
	$(994,859)

NOTE F - RELATED PARTY TRANSACTIONS

Certain Plan investments are mutual funds and money market accounts managed by the Trustee and qualify as party-in-interest transactions. In addition, certain fees paid to the Plan Trustee for investment management services are incorporated into the expense ratios of the individual mutual funds.

NOTE G - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by a letter dated October 9, 2003 stating that the prototype plan (upon which the Plan is based) constitutes a qualified plan under Section 401(a) of the IRC and, accordingly, the Plan and related trust are exempt from federal income taxes under the provisions of Section 501(a). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designated and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31, 2011	December 31, 2010
Net assets available for benefits per the financial statements	$16,260,809	$15,232,980
Add (less):		
Excess contribution refundable	61,829	111,789
Deemed distributions	(21,247)	(17,558)
Net assets available for benefits per Form 5500	$16,301,391	$15,327,211

The following is a reconciliation of net increase in net assets available for plan benefits per the financial statements to Form 5500 for the year ended December 31, 2011:

Net increase in net assets available for plan benefits per the financial statements	$1,027,829
Less:	
Change in excess contribution refundable	(49,960)
Change in deemed distributions	(3,689)
Net increase in net assets available for plan benefits per Form 5500	$ 974,180

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - PROHIBITED TRANSACTIONS

During 2011, the Company failed to remit to the Plan's trustee certain employee contributions, totaling $796 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the Trustee were due to administrative errors, and the Company will make contributions (including lost earnings) to the affected participants' accounts to compensate those participants for potential lost income due to delays.

NOTE K - SUBSEQUENT EVENTS

The Plan changed its trustee to Prudential Investments in April 2012. The Plan has evaluated subsequent events through August 21, 2012, the date the financial statements were available to be issued, and noted no other events requiring recognition or disclosure.

SUPPLEMENTAL SCHEDULES

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2011

EIN: 75-2142963
Plan Number: 001

Participant contributions transferred late to the plan	Total that constitute non-exempt prohibited transactions
$796	$796

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 75-2142963
Plan Number: 001

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(e) Current value
Mutual Funds			
*	Fidelity Management Trust Company	Fidelity Advisors ("FA") Strategic Income Fund	$ 2,548,366
*	Fidelity Management Trust Company	FA Leveraged Company Stock Fund	1,576,098
*	Fidelity Management Trust Company	FA Small Cap Fund	1,351,543
*	Fidelity Management Trust Company	FA Dividend Growth Fund	1,193,957
	Thornburg Investment Management	International Value Fund	1,027,178
*	Fidelity Management Trust Company	FA Freedom 2015 Fund	597,012
*	Fidelity Management Trust Company	FA Equity Growth Fund	593,197
*	Fidelity Management Trust Company	FA Freedom 2030 Fund	558,508
*	Fidelity Management Trust Company	FA Freedom 2040 Fund	555,695
	Prudential Investments	Mid Cap Growth	543,326
	Pimco	Total Return Fund	391,521
*	Fidelity Management Trust Company	FA Freedom 2035 Fund	366,993
*	Fidelity Management Trust Company	FA Freedom 2020 Fund	343,674
	MFS Investment Management	Value R3 Fund	309,249
*	Fidelity Management Trust Company	FA Freedom 2025 Fund	303,984
*	Fidelity Management Trust Company	FA Balanced Fund	255,250
*	Fidelity Management Trust Company	FA Freedom 2045 Fund	223,987
*	Fidelity Management Trust Company	FA Value Strategies Fund	194,615
*	Fidelity Management Trust Company	FA Freedom 2010 Fund	171,753
*	Fidelity Management Trust Company	FA New Insights	162,257
*	Fidelity Management Trust Company	FA Freedom 2050 Fund	81,135
*	Fidelity Management Trust Company	FA Freedom Income Fund	63,620
	Victory	Small Company Opportunity Fund	37,574
*	Fidelity Management Trust Company	FA Freedom 2005 Fund	31,995
	Total mutual funds		13,482,487
Money Market Funds			
*	Fidelity Management Trust Company	Prime Fund	1,720,295
	Total investments		$15,202,782
*	Participants	Notes receivable from participants, interest rates ranging from 4.25% to 5.50% with maturities from January 2012 to February 2017.	$ 1,019,102

* Indicates a party-in-interest.

Note: Information on cost (column d) of the investments is excluded, as all investments are participant directed.

Financial Statements and Report of Independent Certified Public Accountants

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

December 31, 2011 and 2010

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 not included herein have been omitted as there were no transactions or assets of the type required to be disclosed in such schedules.

Grant Thornton

Report of Independent Certified Public Accountants

Audit • Tax • Advisory
Grant Thornton LLP
1717 Main Street, Suite 1500
Dallas, TX 75201-4667
T 214.561.2300
F 214.561.2370
www.GrantThornton.com

Plan Administrator
ACE Cash Express, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of the ACE Cash Express, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011 and the supplemental Schedule H, Part IV, Lines 4a and 4i, Schedule of Delinquent Participant Contributions and Schedule of Assets (Held At End of Year), respectively, as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
August 21, 2012

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2011	2010
Assets		
Investments, at fair value:		
Mutual funds	$13,482,487	$12,886,013
Money market accounts	1,720,295	1,532,906
Total investments	15,202,782	14,418,919
Receivables:		
Employee contributions receivable	80,603	55,900
Employer contributions receivable	20,151	13,745
Notes receivable from participants	1,019,102	856,205
Total receivables	1,119,856	925,850
Total assets	16,322,638	15,344,769
Liabilities		
Excess contributions payable	61,829	111,789
Net assets available for benefits	$16,260,809	$15,232,980

The accompanying notes are an integral part of these statements.

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

Additions:	
Additions to net assets attributed to:	
Investment income	
Net depreciation in fair value of investments	$ (994,859)
Interest and dividend income	451,580
Net investment income	(543,279)
Interest income on notes receivable from participants	35,810
Contributions:	
Participants' contributions	2,067,215
Employer contributions	445,975
Rollovers from qualified plans	518,608
	3,031,798
Total additions	2,524,329
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,355,524
Deemed distributions	112,400
Administrative expenses	28,576
Total deductions	1,496,500
Net increase	1,027,829
Net assets available for benefits	
Beginning of year	15,232,980
End of year	$16,260,809

The accompanying notes are an integral part of this statement.

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of the ACE Cash Express, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, established by ACE Cash Express, Inc. ("Company" or "Employer"), under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is available to employees who are 21 years of age or older. Until July 31, 2011, employees were eligible to participate in the Plan after completing 11 months of service, and effective August 1, 2011, employees are eligible to participate in the Plan on the first day of the month following 30 days of service.

Contributions

Participants can defer up to 50% of their eligible compensation, as defined in the Plan, on a pre-tax basis subject to the IRC's contribution limitation. The maximum allowable participant deferral was $16,500 for 2011. Pursuant to IRC Section 414(v), the Plan permits participants 50 years of age or older to make an additional "catch-up" contributions. These participants could contribute an additional $5,500 in 2011. Catch-up contributions are not subject to Company matching contributions. Participants may also roll over funds from other qualified plans into the Plan.

The Plan permits the Company to make discretionary matching contributions, the amount of which is determined annually by the Board of Directors. During 2011, they elected to match 25% of the employee's deferral of salary.

Participant Accounts

Each participant's account is credited with the participant's contribution and withdrawals, Plan earnings, and Employer's contributions. The Employer's contributions are computed based on the participants eligible compensation contributed to the Plan each period. Participants are entitled to the benefit that can be provided from the participant's vested account.

The participant determines the investment fund allocation of elective and matching contributions. Contributions may be allocated entirely to one fund or to a combination of funds or accounts. Participants may change their investment options daily.

NOTE A - DESCRIPTION OF PLAN - Continued

Vesting

Participants are vested immediately in their voluntary contributions and the investment earnings thereon. Until July 31, 2011, employer contributions and any investment earnings thereon vested 100% after 11 months of service. Effective August 1, 2011 employer contributions and any investment earnings thereon vest 100% after two years of service.

Payment of Benefits

Upon retirement, death, disability, or termination of employment, a participant (or the participant's beneficiary, if applicable) may elect to receive the value of the participant's vested account interest. The form of payment is a lump sum distribution.

Upon demonstrated immediate and heavy financial need, as defined in the Plan document, hardship withdrawals are permitted.

Notes Receivable from Participants

Participants may borrow from their vested fund accounts for an amount not greater than the lesser of 50% of the participant's vested account balance or $50,000. The loans are secured by the remaining balance in the participant's account. The loans bear interest at rates that are commensurate with local prevailing rates at the date of issuance, as determined quarterly by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Plan Termination

While the Employer has not expressed any intent to terminate the Plan, it has the right to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

Forfeitures

Forfeitures represent the portion of employer contributions forfeited as a result of participants receiving a refund of excess employee contributions or unvested match for terminated employees. Forfeitures are used to reduce the Employer matching contributions or to pay administrative expenses. Forfeitures applied toward employer matching contributions and administrative expenses were $69,089 and $2,915, respectively, for the year ended December 31, 2011. Plan assets included unallocated forfeitures of $2,272 and $47,710 at December 31, 2011 and 2010, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments, in the statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable From Participants

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments and initiation of loans are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings; they are included in mutual fund expense ratios. All other administrative expenses are generally paid by the Company.

NOTE C - INVESTMENTS

Investments that individually represent 5% or more of the Plan's net assets are separately identified as follows:

	December 31, 2011	December 31, 2010
Investments at fair value		
Fidelity Advisor Strategic Income Fund	$2,548,366	$2,122,026
Fidelity Advisor Leveraged Company Stock Fund	1,576,098	1,682,293
Fidelity Prime Fund	1,720,295	1,532,906
Fidelity Advisor Small Cap Fund	1,351,543	1,411,632
Fidelity Advisor Dividend Growth Fund	1,193,957	1,248,770
Thornburg International Value Fund	1,027,178	*
Fidelity Advisor Diversified International Fund	*	1,206,326

*Did not represent 5% of the Plan's net assets at year end.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan utilizes 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 markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. 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.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

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

Mutual Funds: Valued at the closing price reported on the active market on which mutual funds are traded.

Money Market Accounts: Investments in money market accounts are treated as cash equivalents, which approximate fair value.

The preceding methods described 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 estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

	Assets at fair value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Blended funds	$ 6,420,610	$ -	$ -	$ 6,420,610
Growth funds	2,163,701	-	-	2,163,701
Value funds	1,958,288	-	-	1,958,288
Bonds	2,939,888	-	-	2,939,888
Total mutual funds	13,482,487	-	-	13,482,487
Money market accounts	1,720,295	-	-	1,720,295
Total assets at fair value	$15,202,782	$ -	$ -	$15,202,782

	Assets at fair value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Blended funds	$ 6,403,170	$ -	$ -	$ 6,403,170
Growth funds	3,799,242	-	-	3,799,242
Value funds	301,141	-	-	301,141
Bonds	2,382,460	-	-	2,382,460
Total mutual funds	12,886,013	-	-	12,886,013
Money market accounts	1,532,906	-	-	1,532,906
Total assets at fair value	$14,418,919	$ -	$ -	$14,418,919

NOTE E - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, ("Trustee"), has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010.
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Schedule H, Part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2011.

During 2011, the Plan's investments (including investments bought and sold, as well as held during the year) depreciated in fair value as determined by quoted market prices as follows:

	2011
Blended fund investments	$(645,997)
Growth fund investments	(95,620)
Value fund investments	(186,301)
Bond investments	(66,941)
	$(994,859)

NOTE F - RELATED PARTY TRANSACTIONS

Certain Plan investments are mutual funds and money market accounts managed by the Trustee and qualify as party-in-interest transactions. In addition, certain fees paid to the Plan Trustee for investment management services are incorporated into the expense ratios of the individual mutual funds.

NOTE G - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by a letter dated October 9, 2003 stating that the prototype plan (upon which the Plan is based) constitutes a qualified plan under Section 401(a) of the IRC and, accordingly, the Plan and related trust are exempt from federal income taxes under the provisions of Section 501(a). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designated and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31, 2011	December 31, 2010
Net assets available for benefits per the financial statements	$16,260,809	$15,232,980
Add (less):		
Excess contribution refundable	61,829	111,789
Deemed distributions	(21,247)	(17,558)
Net assets available for benefits per Form 5500	$16,301,391	$15,327,211

The following is a reconciliation of net increase in net assets available for plan benefits per the financial statements to Form 5500 for the year ended December 31, 2011:

Net increase in net assets available for plan benefits per the financial statements	$1,027,829
Less:	
Change in excess contribution refundable	(49,960)
Change in deemed distributions	(3,689)
Net increase in net assets available for plan benefits per Form 5500	$ 974,180

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - PROHIBITED TRANSACTIONS

During 2011, the Company failed to remit to the Plan's trustee certain employee contributions, totaling $796 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the Trustee were due to administrative errors, and the Company will make contributions (including lost earnings) to the affected participants' accounts to compensate those participants for potential lost income due to delays.

NOTE K - SUBSEQUENT EVENTS

The Plan changed its trustee to Prudential Investments in April 2012. The Plan has evaluated subsequent events through August 21, 2012, the date the financial statements were available to be issued, and noted no other events requiring recognition or disclosure.

SUPPLEMENTAL SCHEDULES

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2011

EIN: 75-2142963
Plan Number: 001

Participant contributions transferred late to the plan	Total that constitute non-exempt prohibited transactions
$796	$796

ACE Cash Express, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 75-2142963
Plan Number: 001

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(e) Current value
Mutual Funds			
*	Fidelity Management Trust Company	Fidelity Advisors ("FA") Strategic Income Fund	$ 2,548,366
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