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
DOLEX DOLLAR EXPRESS, INC 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2010

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

DOLEX DOLLAR EXPRESS, INC.

700 HIGHLANDER BLVD STE 450
ARLINGTON, TX 76015

2b Employer Identification Number (EIN)
74-2791872

2c Sponsor's telephone number
817-548-4702

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.	10/11/2012	PILAR CARBAJAL
	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")
DOLEX DOLLAR EXPRESS, INC.

700 HIGHLANDER BLVD STE 450
ARLINGTON, TX 76015

3b Administrator's EIN
74-2791872

3c Administrator's telephone number
817-548-4702

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**	1452
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**	1407
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1407
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1407
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	197
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 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)	X	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)	X	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)	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
DOLEX DOLLAR EXPRESS, INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2791872

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-821965	197	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4209	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO INS SVCS INV ADV, INC
ATTN COMMISSIONS DEPT PO BOX 601478
CHARLOTTE, NC 28260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2722			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO INS SVCS USA INC
101 N CHERRY ST
WINSTON SALEM, NC 27102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1487			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	598514
5	Current value of plan's interest under this contract in separate accounts at year end	5	1516487

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	629940
c	Additions: (1) Contributions deposited during the year	7c(1)	43322		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	18549		
	(4) Transferred from separate account	7c(4)	34436		
	(5) Other (specify below)	7c(5)	15310		
	▶ LOAN PYMT				
	(6) Total additions			7c(6)	111617
d	Total of balance and additions (add **b** and **c(6)**)			7d	741557
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	111647		
	(2) Administration charge made by carrier	7e(2)	1027		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	30368		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	143042
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	598515

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
DOLEX DOLLAR EXPRESS, INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2791872

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

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

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

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

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NONE	3374	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?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	44	Yes [ ] No [X]

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)

RELIANCE TRUST COMPANY

58-1428634

(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?
25 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	400	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
27 49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	57	Yes [ ] No [X]

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

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

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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 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.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORINGSTAR ASSOCIATES, LLC	49	44

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	25 99	400

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE ATTACHED

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
MESIROW FINANCIAL INVESTMENT MANAGE	27 49	57
(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.	
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
DOLEX DOLLAR EXPRESS, INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DOLEX DOLLAR EXPRESS, INC.

D Employer Identification Number (EIN)
74-2791872

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	1516487

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
DOLEX DOLLAR EXPRESS, INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2791872

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)		
(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)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	101566	159164
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	1627165	1516487
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	629940	598514
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(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	2358671	2274165
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	2358671	2274165

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	304770	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		304770
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	3763	
(F) Other	2b(1)(F)	18547	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22310
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-43302
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		283778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	364910	
(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)		364910
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	3374	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3374
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		368284
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-84506
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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: BENNETT THRASHER **(2)** EIN: 58-1673613

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		2833
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
DOLEX DOLLAR EXPRESS, INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2791872

Part I Distributions

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

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

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

EIN(s): 06-0974148

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** 0

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

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1. The information contained in this e-mail is privileged, confidential and intended only for the use of the management of DolEx Dollar Express, Inc. 401(k) Plan (the Plan) and should not be altered. This email was created October 10, 2012 and Bennett Thrasher PC will maintain a duplicate copy pursuant to our data retention policies. Additional copies may be requested by reference to its unique identification number 11503.EBP.

2. With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your (or any other) Internet website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.

3. If you intend to publish the information in this e-mail on the Internet, the information should be published in its entirety and we recommend that "distinct boundaries" should be established around the information so that users are warned whenever they enter or leave pages containing information copied from this e-mail using the following language:

   Entry Warning:

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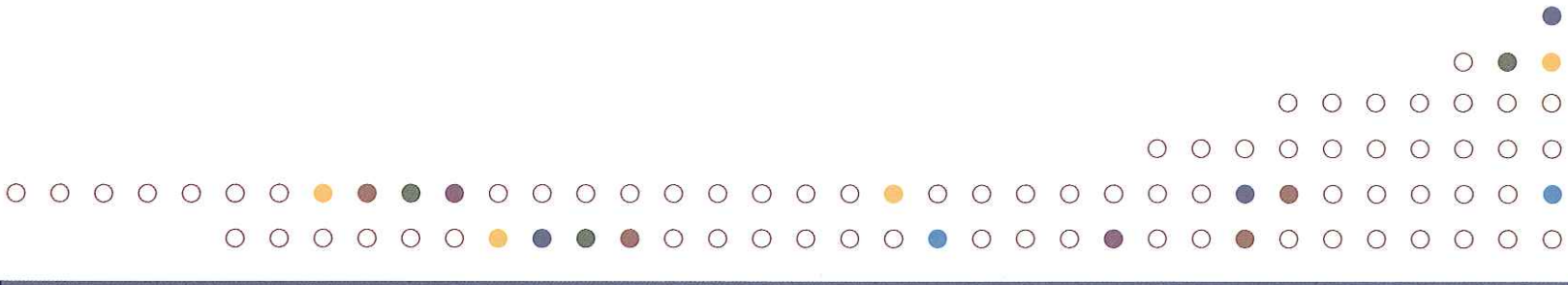
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DolEx Dollar Express, Inc. 401(k) Plan



Financial Statements

December 31, 2011 and 2010

BENNETT B|T THRASHER

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DolEx Dollar Express, Inc. 401(k) Plan

Index

Independent auditors' report

Statements of net assets available for benefits as of December 31, 2011 and 2010

Statement of changes in net assets available for benefits for the year ended December 31, 2011

Notes to financial statements

Supplemental information:*

- Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions
- Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

BENNETT BT THRASHER

Independent Auditors' Report

To the Plan Administrator of
DolEx Dollar Express, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010, and the statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental information of DolEx Dollar Express, Inc. 401(k) Plan (the Plan). These financial statements and supplemental information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Hartford Life Insurance Company (Hartford), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental information. The Plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2011, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental information taken as a whole. The supplemental information is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 information, 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 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.

Bennett Thrasher P.C.

October 5, 2012

DolEx Dollar Express, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Investments (at fair value):		
Pooled separate accounts	$ 1,516,487	$ 1,627,164
Guaranteed investment contract	598,514	629,941
	2,115,001	2,257,105
Receivables:		
Participant contribution	11,970	11,091
Notes receivable from participants	159,164	101,566
	171,134	112,657
Total assets	2,286,135	2,369,762
Liabilities:		
Excess contributions payable	9,900	-
Net assets available for benefits	$ 2,276,235	$ 2,369,762

See accompanying notes to financial statements.

DolEx Dollar Express, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2011

Additions to net assets attributed to:		
Contributions:		
Participant	$	296,197
Investment income:		
Net appreciation in fair value of guaranteed investment contract		18,546
Interest income on notes receivable from participants		3,763
Total additions		318,506
Deductions from net assets attributed to:		
Net depreciation in fair value of pooled separate accounts		43,720
Benefits paid to participants		364,910
Administrative expenses		3,403
Total deductions		412,033
Net decrease		(93,527)
Net assets available for benefits, beginning of period		2,369,762
Net assets available for benefits, end of period	$	2,276,235

See accompanying notes to financial statements.

DolEx Dollar Express, Inc. 401(k) Plan

Notes to Financial Statements
December 31, 2011 and 2010

Note 1: Description of Plan

The following description of DolEx Dollar Express, Inc. 401(k) 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 profit sharing plan, established June 1, 2010, covering substantially all employees of DolEx Dollar Express, Inc. (the Plan Sponsor or the Company). All assets of DolEx Dollar Express, Inc. employees who were participants in the Global Payments 401(k) Plan on June 1, 2010 were transferred to the Plan at inception. Assets transferred on June 1, 2010 from the Global Payments 401(k) Plan totaled $2,050,643.

In order to participate in the Plan, employees must be at least twenty-one years of age and have completed 31 days of service. An employee continues to be eligible to participate in the Plan unless the employee incurs a break in service of 12 consecutive months. Allowable breaks in service include absences due to birth, pregnancy, adoption of children, military service or other service during a national emergency during which the employee's re-employment under a Federal or state law is protected and the employee does return to work within the time required by law. Employees are permitted to enter the Plan immediately upon meeting the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan includes a provision under Internal Revenue Code (IRC) Section 401(k) whereby participants may deposit pretax contributions to the Plan of up to 75% of their annual compensation, subject to limitations under the IRC. Participants age fifty and older are also allowed to deposit catch-up contributions.

The Plan Sponsor may match, subject to limitations under the IRC, a portion of each participant's pretax contributions up to 6% of each participant's compensation. The amount of matching contribution, if any, is determined by the Plan Sponsor each year. During 2011, the Plan Sponsor did not provide any matching contributions.

In addition to any matching contribution, the Plan Sponsor may make qualified matching contributions and discretionary qualified nonelective contributions to all eligible participants. The Plan Sponsor may also make discretionary employer contributions. In general, a participant must be employed by the Plan Sponsor on the last day of the year or have retired, died or become disabled during the plan year to share in the allocation of such contributions. Such additional discretionary contributions are subject to limitations under the IRC. There were no such contributions during 2011.

At the discretion of the Plan administrator, employees of the Plan Sponsor may deposit rollover contributions from another qualified plan. Rollover contributions may be made even though an employee is not eligible to participate in the Plan. Rollover contributions are placed in a separate account and are subject to the rules for investment established by the Plan administrator.

Administration

Reliance Trust Company (Reliance or the Trustee) serves as trustee of the Plan. The Trustee holds title to the assets. The Plan Sponsor serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan and making determinations regarding questions which may affect eligibility for benefits. The Plan administrator has designated The Hartford Life Insurance Company (Hartford) as custodian of the Plan. The custodian receives all contributions made under the Plan, holds plan assets, pays benefits to participants and executes other transactions as directed by the Plan administrator (Notes 4 and 7).

The Plan administrator has engaged Hartford as the third-party administrator to assist in the administration of the Plan.

Expenses

Administrative expenses of the Plan are primarily paid by the Plan and the Plan Sponsor. These expenses include, but are not limited to, investment expenses and certain recordkeeping fees. However, transaction fees for notes receivable from participants are paid from the borrowing participant's account. Legal, accounting and certain other recordkeeping fees are paid by the Plan Sponsor. A proportionate share of fees and expenses paid by the Plan is charged to each participant's account.

Participant Accounts

Each participant account is credited with pretax and rollover contributions made by the participant, the Plan Sponsor's contributions and plan earnings. Earnings, expenses and gains and losses on investments are allocated based on participant account balances, as defined in the plan document.

Vesting

Participant vesting in Plan Sponsor contributions and income earned thereon is based on years of service during which an employee is credited with at least 1,000 hours of service with a Plan Sponsor. An employee must exceed 500 hours of service to avoid a break in vesting service. All participants become 100% vested after five years of service. The vesting percentages are as follows:

Years of service	Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Participants also become 100% vested upon termination of the Plan, reaching the normal retirement age of sixty-five, disability or death while an employee of the Plan Sponsor.

Any portion of a participant's account balance attributable to pretax or rollover contributions is 100% vested at the time of contribution and is not subject to forfeiture.

Investment Options

Participants are required to make participant-directed allocations of their accounts among various investment options, including certain options for which the custodian or its affiliates serve as investment advisors selected by the Plan administrator (Notes 4 and 7).

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Generally, participants are limited to two outstanding notes at a time, secured by the participant's account balance and payable in level periodic payroll deductions over a period not to exceed five years. A note used for financing the purchase of a participant's principal residence may be repaid over a reasonable period of time as determined at the time the note is made as defined by IRC section 121. The interest rate on a participant's note is determined by the Plan administrator based on prevailing rates at the time of the note. Interest rates on notes receivable are 3.25% as of December 31, 2011. Principal and interest are paid ratably through biweekly payroll deductions.

Withdrawals

In general, a participant may withdraw up to 100% of the vested account balance, excluding certain Plan Sponsor contributions, in the event of a participant's financial hardship, as defined in the plan document. Hardship distributions may not exceed the amount of the participant's financial hardship and may not be repaid by the participant. If a participant makes a hardship withdrawal, the right to make pretax contributions will be suspended for six months.

In general, in-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant after reaching the early retirement age of fifty-nine and one-half.

Upon normal retirement, disability or death, a participant or beneficiary may receive the value of the account through a lump sum distribution or an annuity option, as defined in the plan document.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, death or disability, may receive the value of their vested account by transfer to another qualified plan or individual retirement account, through a lump sum distribution or through a single sum distribution of a portion of the account balance. The Plan may, upon termination of service of a participant for any reason, automatically distribute the benefits owed if the account balance is $5,000 or less.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service (IRS) penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

Forfeitures

Nonvested account balances of terminated employees are forfeited upon the earlier of complete distribution of the vested portion of their account or after five breaks in service, subject to reinstatement before the end of five breaks in service, as defined in the plan document. Forfeitures of terminated employees' nonvested accounts will be used to offset administrative expenses then to reduce Plan Sponsor contributions, as defined in the plan document. The forfeitures in 2011 were nominal.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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 administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefit payments are recorded when paid by the Plan.

Risks and Uncertainties

The Plan's invested assets ultimately consist of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participant account balances and the amounts reported in the accompanying statements of net assets available for benefits and statement of changes in 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 participant notes are reclassified as distributions based upon the terms of the plan document.

Subsequent Events

The Plan Sponsor has evaluated for subsequent events between the date of the statement of net assets available for benefit of December 31, 2011 and the report date, which is the date these financial statements were available for issuance. Management has concluded there were no subsequent events requiring recognition in the financial statements or disclosure.

Note 3: Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) establishes a framework of measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of the 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.

Hartford offers the Plan certain services exclusively through a group annuity contract. This contract consists of a guaranteed account that invests only in the guaranteed investment contract, as defined in the contract, and a separate account that invests in various mutual funds, as defined in the contract. All contributions to the guaranteed account are maintained in the custodian's general account. Guaranteed interest rates and maturity dates are revised periodically by Hartford subject to contractual limitations in certain circumstances, such as termination of the Plan or reduction in the number of participants, as defined in the contract. Interest was credited at a minimum rate of 3.00% in 2011 and 2010. All contributions to the separate account are maintained in pooled separate accounts that invest in mutual funds. Hartford owns the shares of the mutual funds, and the contract is assigned rights of ownership based on units in the pooled separate accounts.

Investments in the pooled separate accounts are valued at fair value, which has been determined by Hartford based on the unit values of the underlying investments. Unit values are determined daily based on quoted market prices of the underlying investments, net of withdrawals and administrative expenses charged by Hartford.

Investments in the guaranteed investment contract are not considered fully benefit-responsive; accordingly, the guaranteed investment contract has been valued at fair value, which has been determined by Hartford based on the guaranteed interest rates, net of withdrawals and administrative expenses charged by Hartford.

Net appreciation/depreciation in the fair value of pooled separate accounts and guaranteed investment contract represents the change in fair value during the year, including realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

The following tables set 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
Pooled separate accounts	$ -	$ 1,516,487	$ -	$ 1,516,487
Guaranteed investment contract	-	598,514	-	598,514
Total assets at fair value	$ -	$ 2,115,001	$ -	$ 2,115,001

Assets at Fair Value as of December 31, 2010,

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 1,627,164	$ -	$ 1,627,164
Guaranteed investment contract	-	629,941	-	629,941
Total assets at fair value	$ -	$ 2,257,105	$ -	$ 2,257,105

Note 4: Information Certified by Custodian (Unaudited)

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, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Hartford, except for comparing such certified information to information included in the Plan's financial statements and supplemental information:

Statements of net assets available for benefits:	2011	2010
Investments:		
Pooled separate accounts	$ 1,516,487	$ 1,627,164
Guaranteed investment contract	598,514	629,941

Statement of changes in net assets available for benefits:	
Investments income:	
Net depreciation in fair value of pooled separate accounts	$ (43,720)
Net appreciation in fair value of guaranteed investment contract	18,546

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2011 follows:

The Hartford Fixed Account	$	598,514
The Hartford Targ Retire 2030 R3		252,716
The Hartford Targ Retire 2020 R3		198,203
The Hartford Targ Retire 2040 R3		177,519
The Hartford Targ Retire 2010 R3		140,946
Pimco Total Return R		135,631
Pru Jennison Mid Cap Growth R		120,919
Thornburg International Value R3		115,400

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2010 follows:

The Hartford Fixed Account	$	629,941
The Hartford Targ Retire 2020 R3		252,387
The Hartford Targ Retire 2030 R3		207,161
Thornburg International Value R3		170,498
The Hartford Targ Retire 2040 R3		168,489
Pru Jennison Mid Cap Growth R		153,351
Pimco Total Return R		142,415
The Hartford Targ Retire 2010 R3		135,830

Note 5: Tax Status

The Plan Sponsor entered into a non-standardized adoption agreement of the *PDS Advantage Volume Submitter 401(k) Savings/PS Plan* (the prototype plan). The prototype plan received a favorable opinion letter from the IRS on March 31, 2008 which stated that the prototype plan and related trust were designed in accordance with the applicable sections of the IRC. The Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and that the Plan was qualified and tax-exempt as of December 31, 2011.

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

Note 6: Reconciliation to Form 5500

The financial information of the Plan, as reported on Form 5500, does not include all amounts necessary for reporting on the accrual basis of accounting. A reconciliation of the amounts appearing on the Form 5500 to the accompanying financial statements follows:

Net Assets Available for Benefits	**2011**	**2010**
Net assets, as reported on Form 5500	$ 2,274,165	$ 2,358,671
Adjustment to accrue participant contributions receivable	11,970	11,091
Adjustment for excess contributions payable	(9,900)	-
Net assets, as reported in the accompanying financial statements	$ 2,276,235	$ 2,369,762

Changes in Net Assets Available for Benefits	
Increase in net assets, as reported on Form 5500	$ (84,506)
Adjustment to accrue current year participant contribution receivable	11,970
Adjustment to reverse prior year participant contributions receivable	(11,091)
Adjustment for excess contributions payable	(9,900)
Decrease in net assets, as reported in the accompanying financial statements	$ (93,527)

Note 7: Party-in-Interest Transactions

Hartford performed services for, sold products to and managed and maintained certain investments for the Plan for which fees are charged to the Plan. While the Plan pays most of the fees, a portion is paid by the Plan Sponsor. Party-in-interest transactions also include notes receivable from participants.

Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 8: 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 subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 9: Prohibited Transactions

The Plan Sponsor deducted, via payroll withholding, an aggregate of $2,833 and $57,392 during 2011 and 2010, respectively from participants' gross wages that were not remitted timely to the Plan in accordance with Department of Labor regulations. The Company has filed Form 5330 with the IRS for all late remittances and has remitted the required excise tax on the transactions. In addition, the Plan Sponsor has made restoration contributions to the Plan for lost earnings.

Note 10: Excess Contribution Payable

During 2011, the Plan was not in compliance with IRC Section 401(k). As a result, excess contributions totaling $9,900 were payable to certain participants at December 31, 2011, such amounts were deducted from participant contributions in the accompanying statement of changes in net assets available for benefits and are included in excess contributions payable in the statements of net assets available for benefits.

* * * * *

Supplemental Information

DolEx Dollar Express, Inc. 401(k) Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2011
Plan #001 - Employer Identification #74-2791872

Plan Year	Participant Contributions Transferred Late to Plan	Loan Repayments Included in Late Contributions (Y/N)	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Corrections in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
2010	$ 57,392	Y	$ -	$ -	$ -	$ 57,392
2011	$ 2,833	N	$ -	$ -	$ -	$ 2,833

* The contributions have been remitted to the Plan and the Plan Sponsor intends to make a restoration contribution to restore lost earnings.

See accompanying notes to financial statements and independent auditors' report.

DolEx Dollar Express, Inc. 401(k) Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2011
Plan #001 - Employer Identification #74-2791872

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments (Number of Shares)	(d) Cost	(e) Current Value
	Pooled separate accounts:			
*	The Hartford Targ Retire 2030 R3	17,445	#	$ 252,716
*	The Hartford Targ Retire 2020 R3	13,536	#	198,203
*	The Hartford Targ Retire 2040 R3	11,957	#	177,519
*	The Hartford Targ Retire 2010 R3	9,695	#	140,946
	Pimco Total Return R	9,130	#	135,631
	Pru Jennison Mid Cap Growth R	6,960	#	120,919
	Thornburg International Value R3	6,971	#	115,400
	Janus Forty R	5,879	#	68,398
	Pioneer Strategic Income R	3,598	#	60,818
*	The Hartford Index Hls Lb	3,833	#	41,880
	Thornburg Value R3	3,184	#	39,572
	Ridgeworth Sm Cap Value Equity A	2,030	#	34,403
	Invesco Real Estate R	2,977	#	32,439
	Oppenheimer Developing Markets N	900	#	27,594
*	The Hartford Inflation Plus RS	968	#	12,510
	Fidelity Advisor Levrgd Co Stk T	1,385	#	12,489
	Lord Abbett Developing Growth R3	606	#	12,172
	Pioneer Cullen Value R	815	#	8,411
	Mfs Government Securities R2	520	#	6,368
	Mfs International Growth R2	517	#	5,248
	Ridgeworth Midcap Value Equity A	264	#	4,672
*	The Hartford Targ Retire 2050 R3	279	#	4,112
	American Funds Cp Wold Gr Inc-R1	295	#	4,067
				1,516,487
	The Hartford - guaranteed investment contract			
*	Fixed account	443,467	#	598,514
	Total investments			2,115,001
*	Notes receivable from participants	Interest rate 3.25%	-	159,164
				$ 2,274,165

* A party-in-interest as defined by ERISA.
\# Not required for participant-directed investments.

See independent auditors' report and accompanying notes to financial statements.

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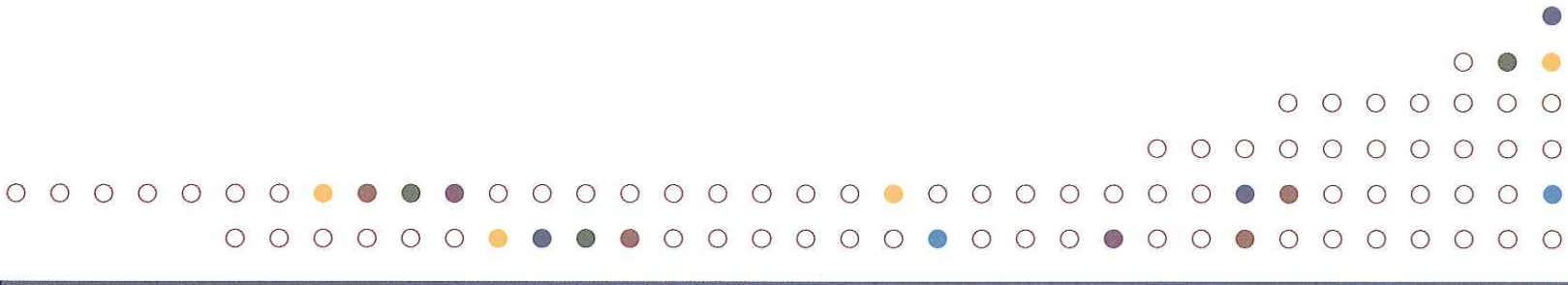
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DolEx Dollar Express, Inc. 401(k) Plan



Financial Statements

December 31, 2011 and 2010

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DolEx Dollar Express, Inc. 401(k) Plan

Index

Independent auditors' report

Statements of net assets available for benefits as of December 31, 2011 and 2010

Statement of changes in net assets available for benefits for the year ended December 31, 2011

Notes to financial statements

Supplemental information:*

- Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions
- Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

BENNETT BT THRASHER

Independent Auditors' Report

To the Plan Administrator of
DolEx Dollar Express, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010, and the statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental information of DolEx Dollar Express, Inc. 401(k) Plan (the Plan). These financial statements and supplemental information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Hartford Life Insurance Company (Hartford), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental information. The Plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2011, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental information taken as a whole. The supplemental information is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 information, 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 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.

Bennett Thrasher P.C.

October 5, 2012

DolEx Dollar Express, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Investments (at fair value):		
Pooled separate accounts	$ 1,516,487	$ 1,627,164
Guaranteed investment contract	598,514	629,941
	2,115,001	2,257,105
Receivables:		
Participant contribution	11,970	11,091
Notes receivable from participants	159,164	101,566
	171,134	112,657
Total assets	2,286,135	2,369,762
Liabilities:		
Excess contributions payable	9,900	-
Net assets available for benefits	$ 2,276,235	$ 2,369,762

See accompanying notes to financial statements.

DolEx Dollar Express, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2011

Additions to net assets attributed to:		
Contributions:		
Participant	$	296,197
Investment income:		
Net appreciation in fair value of guaranteed investment contract		18,546
Interest income on notes receivable from participants		3,763
Total additions		318,506
Deductions from net assets attributed to:		
Net depreciation in fair value of pooled separate accounts		43,720
Benefits paid to participants		364,910
Administrative expenses		3,403
Total deductions		412,033
Net decrease		(93,527)
Net assets available for benefits, beginning of period		2,369,762
Net assets available for benefits, end of period	$	2,276,235

See accompanying notes to financial statements.

DolEx Dollar Express, Inc. 401(k) Plan

Notes to Financial Statements
December 31, 2011 and 2010

Note 1: Description of Plan

The following description of DolEx Dollar Express, Inc. 401(k) 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 profit sharing plan, established June 1, 2010, covering substantially all employees of DolEx Dollar Express, Inc. (the Plan Sponsor or the Company). All assets of DolEx Dollar Express, Inc. employees who were participants in the Global Payments 401(k) Plan on June 1, 2010 were transferred to the Plan at inception. Assets transferred on June 1, 2010 from the Global Payments 401(k) Plan totaled $2,050,643.

In order to participate in the Plan, employees must be at least twenty-one years of age and have completed 31 days of service. An employee continues to be eligible to participate in the Plan unless the employee incurs a break in service of 12 consecutive months. Allowable breaks in service include absences due to birth, pregnancy, adoption of children, military service or other service during a national emergency during which the employee's re-employment under a Federal or state law is protected and the employee does return to work within the time required by law. Employees are permitted to enter the Plan immediately upon meeting the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan includes a provision under Internal Revenue Code (IRC) Section 401(k) whereby participants may deposit pretax contributions to the Plan of up to 75% of their annual compensation, subject to limitations under the IRC. Participants age fifty and older are also allowed to deposit catch-up contributions.

The Plan Sponsor may match, subject to limitations under the IRC, a portion of each participant's pretax contributions up to 6% of each participant's compensation. The amount of matching contribution, if any, is determined by the Plan Sponsor each year. During 2011, the Plan Sponsor did not provide any matching contributions.

In addition to any matching contribution, the Plan Sponsor may make qualified matching contributions and discretionary qualified nonelective contributions to all eligible participants. The Plan Sponsor may also make discretionary employer contributions. In general, a participant must be employed by the Plan Sponsor on the last day of the year or have retired, died or become disabled during the plan year to share in the allocation of such contributions. Such additional discretionary contributions are subject to limitations under the IRC. There were no such contributions during 2011.

At the discretion of the Plan administrator, employees of the Plan Sponsor may deposit rollover contributions from another qualified plan. Rollover contributions may be made even though an employee is not eligible to participate in the Plan. Rollover contributions are placed in a separate account and are subject to the rules for investment established by the Plan administrator.

Administration

Reliance Trust Company (Reliance or the Trustee) serves as trustee of the Plan. The Trustee holds title to the assets. The Plan Sponsor serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan and making determinations regarding questions which may affect eligibility for benefits. The Plan administrator has designated The Hartford Life Insurance Company (Hartford) as custodian of the Plan. The custodian receives all contributions made under the Plan, holds plan assets, pays benefits to participants and executes other transactions as directed by the Plan administrator (Notes 4 and 7).

The Plan administrator has engaged Hartford as the third-party administrator to assist in the administration of the Plan.

Expenses

Administrative expenses of the Plan are primarily paid by the Plan and the Plan Sponsor. These expenses include, but are not limited to, investment expenses and certain recordkeeping fees. However, transaction fees for notes receivable from participants are paid from the borrowing participant's account. Legal, accounting and certain other recordkeeping fees are paid by the Plan Sponsor. A proportionate share of fees and expenses paid by the Plan is charged to each participant's account.

Participant Accounts

Each participant account is credited with pretax and rollover contributions made by the participant, the Plan Sponsor's contributions and plan earnings. Earnings, expenses and gains and losses on investments are allocated based on participant account balances, as defined in the plan document.

Vesting

Participant vesting in Plan Sponsor contributions and income earned thereon is based on years of service during which an employee is credited with at least 1,000 hours of service with a Plan Sponsor. An employee must exceed 500 hours of service to avoid a break in vesting service. All participants become 100% vested after five years of service. The vesting percentages are as follows:

Years of service	Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Participants also become 100% vested upon termination of the Plan, reaching the normal retirement age of sixty-five, disability or death while an employee of the Plan Sponsor.

Any portion of a participant's account balance attributable to pretax or rollover contributions is 100% vested at the time of contribution and is not subject to forfeiture.

Investment Options

Participants are required to make participant-directed allocations of their accounts among various investment options, including certain options for which the custodian or its affiliates serve as investment advisors selected by the Plan administrator (Notes 4 and 7).

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Generally, participants are limited to two outstanding notes at a time, secured by the participant's account balance and payable in level periodic payroll deductions over a period not to exceed five years. A note used for financing the purchase of a participant's principal residence may be repaid over a reasonable period of time as determined at the time the note is made as defined by IRC section 121. The interest rate on a participant's note is determined by the Plan administrator based on prevailing rates at the time of the note. Interest rates on notes receivable are 3.25% as of December 31, 2011. Principal and interest are paid ratably through biweekly payroll deductions.

Withdrawals

In general, a participant may withdraw up to 100% of the vested account balance, excluding certain Plan Sponsor contributions, in the event of a participant's financial hardship, as defined in the plan document. Hardship distributions may not exceed the amount of the participant's financial hardship and may not be repaid by the participant. If a participant makes a hardship withdrawal, the right to make pretax contributions will be suspended for six months.

In general, in-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant after reaching the early retirement age of fifty-nine and one-half.

Upon normal retirement, disability or death, a participant or beneficiary may receive the value of the account through a lump sum distribution or an annuity option, as defined in the plan document.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, death or disability, may receive the value of their vested account by transfer to another qualified plan or individual retirement account, through a lump sum distribution or through a single sum distribution of a portion of the account balance. The Plan may, upon termination of service of a participant for any reason, automatically distribute the benefits owed if the account balance is $5,000 or less.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service (IRS) penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

Forfeitures

Nonvested account balances of terminated employees are forfeited upon the earlier of complete distribution of the vested portion of their account or after five breaks in service, subject to reinstatement before the end of five breaks in service, as defined in the plan document. Forfeitures of terminated employees' nonvested accounts will be used to offset administrative expenses then to reduce Plan Sponsor contributions, as defined in the plan document. The forfeitures in 2011 were nominal.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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 administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefit payments are recorded when paid by the Plan.

Risks and Uncertainties

The Plan's invested assets ultimately consist of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participant account balances and the amounts reported in the accompanying statements of net assets available for benefits and statement of changes in 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 participant notes are reclassified as distributions based upon the terms of the plan document.

Subsequent Events

The Plan Sponsor has evaluated for subsequent events between the date of the statement of net assets available for benefit of December 31, 2011 and the report date, which is the date these financial statements were available for issuance. Management has concluded there were no subsequent events requiring recognition in the financial statements or disclosure.

Note 3: Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) establishes a framework of measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of the 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.

Hartford offers the Plan certain services exclusively through a group annuity contract. This contract consists of a guaranteed account that invests only in the guaranteed investment contract, as defined in the contract, and a separate account that invests in various mutual funds, as defined in the contract. All contributions to the guaranteed account are maintained in the custodian's general account. Guaranteed interest rates and maturity dates are revised periodically by Hartford subject to contractual limitations in certain circumstances, such as termination of the Plan or reduction in the number of participants, as defined in the contract. Interest was credited at a minimum rate of 3.00% in 2011 and 2010. All contributions to the separate account are maintained in pooled separate accounts that invest in mutual funds. Hartford owns the shares of the mutual funds, and the contract is assigned rights of ownership based on units in the pooled separate accounts.

Investments in the pooled separate accounts are valued at fair value, which has been determined by Hartford based on the unit values of the underlying investments. Unit values are determined daily based on quoted market prices of the underlying investments, net of withdrawals and administrative expenses charged by Hartford.

Investments in the guaranteed investment contract are not considered fully benefit-responsive; accordingly, the guaranteed investment contract has been valued at fair value, which has been determined by Hartford based on the guaranteed interest rates, net of withdrawals and administrative expenses charged by Hartford.

Net appreciation/depreciation in the fair value of pooled separate accounts and guaranteed investment contract represents the change in fair value during the year, including realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

The following tables set 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
Pooled separate accounts	$ -	$ 1,516,487	$ -	$ 1,516,487
Guaranteed investment contract	-	598,514	-	598,514
Total assets at fair value	$ -	$ 2,115,001	$ -	$ 2,115,001

Assets at Fair Value as of December 31, 2010,

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 1,627,164	$ -	$ 1,627,164
Guaranteed investment contract	-	629,941	-	629,941
Total assets at fair value	$ -	$ 2,257,105	$ -	$ 2,257,105

Note 4: Information Certified by Custodian (Unaudited)

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, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Hartford, except for comparing such certified information to information included in the Plan's financial statements and supplemental information:

Statements of net assets available for benefits:	2011	2010
Investments:		
Pooled separate accounts	$ 1,516,487	$ 1,627,164
Guaranteed investment contract	598,514	629,941

Statement of changes in net assets available for benefits:	
Investments income:	
Net depreciation in fair value of pooled separate accounts	$ (43,720)
Net appreciation in fair value of guaranteed investment contract	18,546

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2011 follows:

The Hartford Fixed Account	$	598,514
The Hartford Targ Retire 2030 R3		252,716
The Hartford Targ Retire 2020 R3		198,203
The Hartford Targ Retire 2040 R3		177,519
The Hartford Targ Retire 2010 R3		140,946
Pimco Total Return R		135,631
Pru Jennison Mid Cap Growth R		120,919
Thornburg International Value R3		115,400

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2010 follows:

The Hartford Fixed Account	$	629,941
The Hartford Targ Retire 2020 R3		252,387
The Hartford Targ Retire 2030 R3		207,161
Thornburg International Value R3		170,498
The Hartford Targ Retire 2040 R3		168,489
Pru Jennison Mid Cap Growth R		153,351
Pimco Total Return R		142,415
The Hartford Targ Retire 2010 R3		135,830

Note 5: Tax Status

The Plan Sponsor entered into a non-standardized adoption agreement of the *PDS Advantage Volume Submitter 401(k) Savings/PS Plan* (the prototype plan). The prototype plan received a favorable opinion letter from the IRS on March 31, 2008 which stated that the prototype plan and related trust were designed in accordance with the applicable sections of the IRC. The Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and that the Plan was qualified and tax-exempt as of December 31, 2011.

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

Note 6: Reconciliation to Form 5500

The financial information of the Plan, as reported on Form 5500, does not include all amounts necessary for reporting on the accrual basis of accounting. A reconciliation of the amounts appearing on the Form 5500 to the accompanying financial statements follows:

Net Assets Available for Benefits	**2011**	**2010**
Net assets, as reported on Form 5500	$ 2,274,165	$ 2,358,671
Adjustment to accrue participant contributions receivable	11,970	11,091
Adjustment for excess contributions payable	(9,900)	-
Net assets, as reported in the accompanying financial statements	$ 2,276,235	$ 2,369,762

Changes in Net Assets Available for Benefits	
Increase in net assets, as reported on Form 5500	$ (84,506)
Adjustment to accrue current year participant contribution receivable	11,970
Adjustment to reverse prior year participant contributions receivable	(11,091)
Adjustment for excess contributions payable	(9,900)
Decrease in net assets, as reported in the accompanying financial statements	$ (93,527)

Note 7: Party-in-Interest Transactions

Hartford performed services for, sold products to and managed and maintained certain investments for the Plan for which fees are charged to the Plan. While the Plan pays most of the fees, a portion is paid by the Plan Sponsor. Party-in-interest transactions also include notes receivable from participants.

Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 8: 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 subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 9: Prohibited Transactions

The Plan Sponsor deducted, via payroll withholding, an aggregate of $2,833 and $57,392 during 2011 and 2010, respectively from participants' gross wages that were not remitted timely to the Plan in accordance with Department of Labor regulations. The Company has filed Form 5330 with the IRS for all late remittances and has remitted the required excise tax on the transactions. In addition, the Plan Sponsor has made restoration contributions to the Plan for lost earnings.

Note 10: Excess Contribution Payable

During 2011, the Plan was not in compliance with IRC Section 401(k). As a result, excess contributions totaling $9,900 were payable to certain participants at December 31, 2011, such amounts were deducted from participant contributions in the accompanying statement of changes in net assets available for benefits and are included in excess contributions payable in the statements of net assets available for benefits.

* * * * *

Supplemental Information

DolEx Dollar Express, Inc. 401(k) Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2011
Plan #001 - Employer Identification #74-2791872

Plan Year	Participant Contributions Transferred Late to Plan	Loan Repayments Included in Late Contributions (Y/N)	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Corrections in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
2010	$ 57,392	Y	$ -	$ -	$ -	$ 57,392
2011	$ 2,833	N	$ -	$ -	$ -	$ 2,833

* The contributions have been remitted to the Plan and the Plan Sponsor intends to make a restoration contribution to restore lost earnings.

See accompanying notes to financial statements and independent auditors' report.

DolEx Dollar Express, Inc. 401(k) Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2011
Plan #001 - Employer Identification #74-2791872

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments (Number of Shares)	(d) Cost	(e) Current Value
	Pooled separate accounts:			
*	The Hartford Targ Retire 2030 R3	17,445	#	$ 252,716
*	The Hartford Targ Retire 2020 R3	13,536	#	198,203
*	The Hartford Targ Retire 2040 R3	11,957	#	177,519
*	The Hartford Targ Retire 2010 R3	9,695	#	140,946
	Pimco Total Return R	9,130	#	135,631
	Pru Jennison Mid Cap Growth R	6,960	#	120,919
	Thornburg International Value R3	6,971	#	115,400
	Janus Forty R	5,879	#	68,398
	Pioneer Strategic Income R	3,598	#	60,818
*	The Hartford Index Hls Lb	3,833	#	41,880
	Thornburg Value R3	3,184	#	39,572
	Ridgeworth Sm Cap Value Equity A	2,030	#	34,403
	Invesco Real Estate R	2,977	#	32,439
	Oppenheimer Developing Markets N	900	#	27,594
*	The Hartford Inflation Plus RS	968	#	12,510
	Fidelity Advisor Levrgd Co Stk T	1,385	#	12,489
	Lord Abbett Developing Growth R3	606	#	12,172
	Pioneer Cullen Value R	815	#	8,411
	Mfs Government Securities R2	520	#	6,368
	Mfs International Growth R2	517	#	5,248
	Ridgeworth Midcap Value Equity A	264	#	4,672
*	The Hartford Targ Retire 2050 R3	279	#	4,112
	American Funds Cp Wold Gr Inc-R1	295	#	4,067
				1,516,487
	The Hartford - guaranteed investment contract			
*	Fixed account	443,467	#	598,514
	Total investments			2,115,001
*	Notes receivable from participants	Interest rate 3.25%	-	159,164
				$ 2,274,165

* A party-in-interest as defined by ERISA.
\# Not required for participant-directed investments.

See independent auditors' report and accompanying notes to financial statements.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

DOLEX DOLLAR EXPRESS, INC 401K PLAN (821965)
EIN #: 74-2791872

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$3,374.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$3,374.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$1.39**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End* *	*Separate Account Charge* **
AMERICAN FUNDS CP WLD GR INC-R1	95-1411037	1.10% x assets	1.56%	0.10%
FIDELITY ADVISOR LEVRGD CO STK T	04-3335387	0.60% x assets	1.35%	0.10%
FIXED ACCOUNT	06-0974148		0.00%	0.00%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.59%	0.10%
INVESCO REAL ESTATE R	76-0343427	0.85% x assets	1.56%	0.10%
JANUS FORTY R	84-0592523	0.75% x assets	1.46%	0.10%
LORD ABBETT DEVELOPING GROWTH R3	13-2958970	0.75% x assets	1.24%	0.10%
MFS GOVERNMENT SECURITIES R2	04-3158862	0.85% x assets	1.12%	0.10%
MFS INTERNATIONAL GROWTH R2	04-3158862	0.85% x assets	1.58%	0.10%
OPPENHEIMER DEVELOPING MARKETS N	93-6305075	0.80% x assets	1.77%	0.10%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.10%	0.10%
PIONEER CULLEN VALUE R	13-5657669	0.80% x assets	1.63%	0.10%
PIONEER STRATEGIC INCOME R	04-3453709	0.80% x assets	1.41%	0.10%
PRU JENNISON MID CAP GROWTH R	13-2631108	0.75% x assets	1.54%	0.10%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.35%	0.10%
RIDGEWORTH SM CAP VALUE EQUITY A	23-2678674	0.75% x assets	1.52%	0.10%
THE HARTFORD INFLATION PLUS R3	22-2937447	0.85% x assets	1.24%	0.10%
THE HARTFORD TARG RETIRE 2010 R3	22-2937447	0.85% x assets	1.85%	0.10%
THE HARTFORD TARG RETIRE 2020 R3	22-2937447	0.85% x assets	1.71%	0.10%
THE HARTFORD TARG RETIRE 2030 R3	22-2937447	0.85% x assets	1.72%	0.10%
THE HARTFORD TARG RETIRE 2040 R3	22-2937447	0.85% x assets	2.24%	0.10%
THE HARTFORD TARG RETIRE 2050 R3	22-2937447	0.85% x assets	2.57%	0.10%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.63%	0.10%
THORNBURG VALUE R3	06-1158764	0.75% x assets	1.66%	0.10%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Index HLS IB	0.30% x assets
Hartford Inflation Plus R3	0.46% x assets
Hartford Target Retirement 2010 R3	0.15% x assets
Hartford Target Retirement 2020 R3	0.15% x assets
Hartford Target Retirement 2030 R3	0.15% x assets
Hartford Target Retirement 2040 R3	0.15% x assets
Hartford Target Retirement 2050 R3	0.15% x assets

**** Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

Recipient: WELLS FARGO INS SVCS INV ADV, INC EIN: 56-1839855

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$2,722.05**

* *Sales Commissions are reported on a Plan Year basis.*

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Please consult with your legal or tax advisors if you have any questions.

Recipient: WELLS FARGO INS SVCS USA INC EIN: 56-1882208

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$1,486.71**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

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Please consult with your legal or tax advisors if you have any questions.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust service fee (if Reliance Trust Company is acting as directed trustee) **$400.00**
Service Codes: 25, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service **$30.58**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$25.42**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$1,650.00
One-Time Distribution Fee	$500.00
Loan Administration Fee	$1,224.00
Total Direct Revenue:	**$3,374.00**
Grand Total Direct Fees:	**$3,374.00**