

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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ASCEND HR SOLUTIONS RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>05/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>05/01/1999</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ASCEND HR SOLUTIONS</u> <u>450 EAST 1000 NORTH</u> <u>NORTH SALT LAKE, UT 84054-0587</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>87-0535799</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>801-299-6400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>87-0535799</u>	2c Sponsor's telephone number <u>801-299-6400</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>87-0535799</u>					
2c Sponsor's telephone number <u>801-299-6400</u>					
2d Business code (see instructions) <u>541214</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/08/2013 Date	JOSH NELSON Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/08/2013 Date	JOSH NELSON Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1282
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	1357
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	32
d Subtotal. Add lines 6a , 6b , and 6c	6d	1391
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1391
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2J 2A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

A Name of plan ASCEND HR SOLUTIONS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ASCEND HR SOLUTIONS	D Employer Identification Number (EIN) 87-0535799

Part I	Service Provider Information (see instructions)
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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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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)

NATIONAL BENEFIT SERVICES, LLC

8523 SOUTH REDWOOD ROAD
WEST JORDAN, UT 84088

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 63 37	CONSULTANT	10963	Yes ☒ No ☐	Yes ☐ No ☒	11611	Yes ☐ No ☒

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

SECURITIES AMERICA, INC

12325 PORT GRACE BLVD
LA VISTA, NE 68128

(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?
71	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	45903	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL BENEFIT SERVICES, LLC	15 49	11611
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE INCENTIVE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SECURITIES AMERICA	71	45903
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INCENTIVE PAYMENT COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>ASCEND HR SOLUTIONS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASCEND HR SOLUTIONS</u>	D Employer Identification Number (EIN) <u>87-0535799</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE TRUST COMPANY

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

c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4942837</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>ASCEND HR SOLUTIONS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASCEND HR SOLUTIONS</u>	D Employer Identification Number (EIN) <u>87-0535799</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	120204	102004
	(2) Participant contributions	1b(2)	25994	14949
	(3) Other.....	1b(3)	3966	2081
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	84027	135294
	(9) Value of interest in common/collective trusts.....	1c(9)	4814959	4942837
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5049150	5197165

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5049150	5197165
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	324072	
(B) Participants	2a(1)(B)	439561	
(C) Others (including rollovers)	2a(1)(C)	62934	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		826567

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4463	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4463

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		502486
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1333516

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	390064	
(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)		390064
f Corrective distributions (see instructions)	2f		6986
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		397050

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		936466
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		788451

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **WISAN, SMITH, RACKER & PRESCOTT**

(2) EIN: **87-0517754**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

CHARTER SOLUTIONS RETIREMENT PLAN

NOBLE STEEL, INC.

DHR/TERRA FIRMA 401(K) PROFIT SHARING PLAN

VALLEY WATER SERVICE, INC. 401(K) PROFIT SHARING PLAN

5b(2) EIN(s)	5b(3) PN(s)
26-0351853	001
01-0814965	001
84-1233860	333
83-0319646	001

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>ASCEND HR SOLUTIONS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASCEND HR SOLUTIONS</u>	D Employer Identification Number (EIN) <u>87-0535799</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

ASCEND HR SOLUTIONS RETIREMENT PLAN

FINANCIAL STATEMENTS

December 31, 2012 and 2011

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INDEPENDENT AUDITORS' REPORT

**To the Administrators
Ascend HR Solutions Retirement Plan
North Salt Lake, Utah**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ascend HR Solutions Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 Nationwide Financial Services, Inc. (Nationwide) except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Nationwide holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Nationwide as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by Nationwide is complete and accurate.

WISAN, SMITH, RACKER & PRESCOTT, LLP

SALT LAKE ~ 155 North 400 West, Suite 400 • Salt Lake City, Utah • 84103 • 801.328.2011 (office) • 801.328.2015 (fax)
LAS VEGAS ~ 1820 East Warm Springs Road, Suite 112 • Las Vegas, Nevada • 89119 • 702.451.3099 (office) • 702.568.5030 (fax)

Licensed to Practice in Utah, Wyoming, Nevada, New Mexico and Idaho.

Member: American Institute, Utah Association and Nevada Society of Certified Public Accountants

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule (Schedule 1), which is the responsibility of Plan management, 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 ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Nationwide, 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 ERISA.

William Smith Racker & Pomeroy, LLP

Salt Lake City, Utah
August 5, 2013

ASCEND HR SOLUTIONS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
INVESTMENTS	\$ 4,942,837	\$ 4,814,959
NOTES RECEIVABLE FROM PARTICIPANTS	135,294	84,027
RECEIVABLES		
Participant contributions	14,949	25,994
Employer contributions	102,004	120,204
Other contributions	<u>2,081</u>	<u>3,966</u>
	<u>119,034</u>	<u>150,164</u>
TOTAL ASSETS	<u>5,197,165</u>	<u>5,049,150</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,197,165</u></u>	<u><u>\$ 5,049,150</u></u>

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

ASCEND HR SOLUTIONS RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Years ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS TO NET ASSETS		
Interest income	\$ 4,463	\$ 8,302
Participant contributions	439,561	554,603
Employer contributions	324,072	321,441
Assets transferred to plan	-	99,498
Rollovers	62,934	31,948
Net increase (decrease) in fair value of investments	<u>502,486</u>	<u>(140,161)</u>
TOTAL ADDITIONS	1,333,516	875,631
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	390,064	1,080,228
Assets transferred out of plan	788,451	2,766,507
Corrective distributions	6,986	17,023
Administrative expenses	<u>-</u>	<u>4,322</u>
TOTAL DEDUCTIONS	<u>1,185,501</u>	<u>3,868,080</u>
NET INCREASE (DECREASE)	148,015	(2,992,449)
NET ASSETS AVAILABLE FOR BENEFITS		
AT BEGINNING OF YEAR	<u>5,049,150</u>	<u>8,041,599</u>
NET ASSETS AVAILABLE FOR BENEFITS		
AT END OF YEAR	<u><u>\$ 5,197,165</u></u>	<u><u>\$ 5,049,150</u></u>

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

ASCEND HR SOLUTIONS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Ascend HR Solutions Retirement Plan (the Plan), a multiple employer plan, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- A. General - The Plan was formed effective May 1, 1999 by Ascend HR Solutions (the plan administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The Plan is a defined contribution plan.
- B. Eligibility - The Plan covers all employees, as defined in the Plan, of the adopting employers who have completed the age and service requirements selected by the employers in the Adoption Agreement. New employers entering the Plan may initially waive the eligibility requirements for employees employed by the employers as of the date entering the Plan. Participation occurs after employees meet their respective employer's age and service requirements.
- C. Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the Sponsor's contributions and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- D. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in certain employer matching contributions plus actual earnings thereon is determined by each participating employer.
- E. Contributions - Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Discretionary employer-provided matching contributions may be made to the Plan. The employers determine the amount of the discretionary contributions, if any, they make each Plan year.
- F. Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator.
- G. Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
- H. Administrative Expenses - Certain administrative expenses are paid by the plan administrator. Management fees, asset fees, and account administrative expenses are paid by the participants.

ASCEND HR SOLUTIONS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value. Fair value is based on quoted prices for identical assets in active markets. Interest and investment income are recorded as earned on the accrual basis.

Notes Receivable from Participants

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

Reclassifications

Certain prior year items have been reclassified to conform to the current year presentation.

Subsequent Events

The plan administrator has evaluated subsequent events through August 5, 2013, which is also the date the financial statements were available to be issued. No subsequent events were noted during this evaluation that required recognition or disclosure in these financial statements.

NOTE 3 - INVESTMENTS

The Plan's investments at fair value by major security type are as follows:

	<u>2012</u>	<u>2011</u>
Mutual funds:		
Balanced funds	\$ 2,680,294	\$ 2,726,587
Fixed income funds	750,113	630,244
Growth funds	706,259	766,880
Index funds	187,291	67,365
Value funds	618,880	623,883
	<u><u>\$ 4,942,837</u></u>	<u><u>\$ 4,814,959</u></u>

ASCEND HR SOLUTIONS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 3 - INVESTMENTS (CONTINUED)

The Plan's investments that represent 5% or more of net assets are as follows:

	<u>2012</u>	<u>2011</u>
Investment Destination Aggressive	\$ -	\$ 841,647
DodgeCox International Stock	\$ 969,373	\$ -
Investment Destination Conservative	\$ 680,650	\$ 608,018
Investment Destination Moderate	\$ 365,723	\$ 515,017
PIMCO Total Return	\$ 324,595	\$ 277,064
Pioneer Strategic Income	\$ 328,728	\$ 279,371

NOTE 4 - CERTIFIED INFORMATION

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Nationwide Financial Services, Inc.:

	<u>2012</u>	<u>2011</u>
Notes receivable from participants	<u>\$ 135,294</u>	<u>\$ 84,027</u>
Investments, at fair value:		
Mutual funds	<u>\$ 4,942,837</u>	<u>\$ 4,814,959</u>
Interest income	<u>\$ 4,463</u>	<u>\$ 8,302</u>
Net increase/(decrease) in fair value of investments	<u>\$ 502,486</u>	<u>\$ (140,161)</u>

NOTE 5 - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Sponsor by a letter dated January 11, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is no longer subject to examination by federal or state taxing authorities for years before 2009.

NOTE 6 - RISKS AND UNCERTAINTIES

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

ASCEND HR SOLUTIONS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

ASCEND HR SOLUTIONS RETIREMENT PLAN
EIN #87-0535799 - PLAN #333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, and Par or Maturity Value	(e) Current Value
	PNC	S&P 500 Index Mutual Fund	\$ 208,566
	American Century	Inflation Protection Bond Mutual Fund	1,420
	Alliance Bernstein	International Value Mutual Fund	180,593
	American Century	Large Company Value Mutual Fund	33,340
	American Funds	AMCAP Mutual Fund	54,185
	American Funds	Cap World Bond Mutual Fund	50,262
	American Funds	Cap World Growth Income Mutual Fund	133,859
	UBS	US Small Cap Growth Mutual Fund	62,504
	JP Morgan	Small Cap Value Mutual Fund	1,126
	Black Rock	High Yield Bond Portfolio Mutual Fund	26,660
*	Nationwide Life Co.	Investment Destination Conservative Mutual Fund	680,650
	Dodge Cox	International Stock Mutual Fund	979,974
*	Nationwide Life Co.	Investment Destination Moderate Aggressive Mutual Fund	365,723
*	Nationwide Life Co.	Investor Destination Moderate Mutual Fund	23,509

ASCEND HR SOLUTIONS RETIREMENT PLAN
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, and Par or Maturity Value	(e) Current Value
	DFA	US Large Company Mutual Fund	1,377
	WFA	Emerging Market Equity Mutual Fund	733
	Eaton Vance	Floating Rate Mutual Fund	482
	Fidelity	Freedom 2025 Mutual Fund	3,049
	Fidelity	Freedom 2020 Mutual Fund	3,872
	Fidelity	Freedom 2030 Mutual Fund	6,649
	Fidelity	Freedom 2040 Mutual Fund	6,316
	Fidelity	Advisor Leveraged Comp Stock Mutual Fund	72,387
	Fidelity	New Insights Mutual Fund	6,428
	Fidelity	Freedom 2035 Mutual Fund	20,168
	Aberdeen	International Equity Mutual Fund	1,476
*	Nationwide Life Co.	Money Market Money Market	134,403
	Goldman Sachs	Growth Opportunity Mutual Fund	40,919
	Harbor Funds	International Fund Mutual Fund	1,281

ASCEND HR SOLUTIONS RETIREMENT PLAN
EIN #87-0535799 - PLAN #333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, and Par or Maturity Value	(e) Current Value
	Lord Abbett	Core Fixed Income Mutual Fund	98,910
	MFS	International New Discovery Mutual Fund	57,704
	MFS	Value Mutual Fund	1,577
	Neuberger Berman	Genesis Mutual Fund	77,843
	Neuberger Berman	High Income Mutual Fund	260
*	Nationwide Life Co.	Midcap Market Index Mutual Fund	14,229
	Prudential	Total Return Bond Mutual Fund	682
	PIMCO	Total Return Mutual Fund	324,595
	PIMCO	Commodity Real Return Strategic Mutual Fund	217
	Principal	Large Cap Growth Institutional Mutual Fund	1,378
	Prudential	Jennison Health Sciences Mutual Fund	15,746
	Oppenheimer	International Bond Mutual Fund	849
	Pioneer	Equity Income Mutual Fund	1,154
	Oppenheimer	International Growth Mutual Fund	1,259

ASCEND HR SOLUTIONS RETIREMENT PLAN
EIN #87-0535799 - PLAN #333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, and Par or Maturity Value	(e) Current Value
	Pioneer	Fund A Mutual Fund	19,500
	Prudential	Jennison Growth Mutual Fund	1,620
	Pioneer	Strategic Income Mutual Fund	328,728
	PIMCO	Real Return Mutual Fund	614
	Oppenheimer	Main St. Small Cap Mutual Fund	41,002
	PIMCO	Total Return Mutual Fund	1,099
	American Funds	Capital World Mutual Fund	421
	DWS	RREEF Global Real Estate Mutual Fund	939
	DWS	RREEF Real Estate Sec Mutual Fund	64,673
	Sentinel Investments	Mid Cap Value Mutual Fund	1,998
	Franklin Templeton	Balance Sheet Investment Mutual Fund	32,515
	Turner	Small Cap Growth Mutual Fund	681
	Vanguard	Balanced Index Mutual Fund	67,843
	Vanguard	Intermediate Term Investment Mutual Fund	129,442

ASCEND HR SOLUTIONS RETIREMENT PLAN
EIN #87-0535799 - PLAN #333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, and Par or Maturity Value	(e) Current Value
	Vanguard	Intermediate Term US Treasury Mutual Fund	40,851
	Vanguard	Small Cap Growth Index Mutual Fund	112,587
	Investco	VK Equity Income Mutual Fund	95,974
	Vanguard	Mid Cap Growth Index Mutual Fund	141,276
	Legg Mason	Strategic Asset Core Plus Bond Mutual Fund	870
	Ivy	High Income Mutual Fund	160,630
	Legg Mason	Strategic Asset Inflation Plus Bond Mutual Fund	1,260
*	Participant Loans	4.25% - 10.25%	135,294
			<u><u>\$ 5,078,131</u></u>

* *Denotes party-in-interest*

Ascend HR Solutions Retirement Plan
Three-digit plan number (PN): 333
Employer Identification Number: 87-0535799

Schedule of Assets Held for Investment Purposes At End of Year 2012

[a]	[b] Identify of issue	[c] Description of investment	[d] Cost	[e] Current Value
*	Nationwide Life Insurance Company	PNC S P 500 Indx A	N/A	\$ 208,565.91
*	Nationwide Life Insurance Company	AmCent ShtDrInflPrtBd	N/A	\$ 1,419.89
*	Nationwide Life Insurance Company	AllBer Intl Val A	N/A	\$ 180,592.56
*	Nationwide Life Insurance Company	AmCent Lg Co Val A	N/A	\$ 33,339.58
*	Nationwide Life Insurance Company	AmFds AMCAP R3	N/A	\$ 54,184.78
*	Nationwide Life Insurance Company	AMFDS Cap Wld Bd R3	N/A	\$ 50,262.39
*	Nationwide Life Insurance Company	AmFds Cap Wld Gr Inc R3	N/A	\$ 133,858.67
*	Nationwide Life Insurance Company	UBS US SmCap Gr A	N/A	\$ 62,503.71
*	Nationwide Life Insurance Company	JPM SmCap Val A	N/A	\$ 1,126.30
*	Nationwide Life Insurance Company	BlkRk Hi Yld Bd Inv A	N/A	\$ 26,660.03
*	Nationwide Life Insurance Company	NW Inv Dest Cnsrv Svc	N/A	\$ 680,649.76
*	Nationwide Life Insurance Company	DodgeCox Intl Stk	N/A	\$ 10,601.00
*	Nationwide Life Insurance Company	DodgeCox Intl Stk	N/A	\$ 969,373.47
*	Nationwide Life Insurance Company	NW Inv Dest Mod Aggr Svc	N/A	\$ 365,722.70
*	Nationwide Life Insurance Company	NW Inv Dest Mod Svc	N/A	\$ 23,508.61
*	Nationwide Life Insurance Company	DFA US Lg Co	N/A	\$ 1,377.40
*	Nationwide Life Insurance Company	WFA Emrg Mkt Eq A	N/A	\$ 733.78
*	Nationwide Life Insurance Company	EV Flotng Rt A	N/A	\$ 482.40
*	Nationwide Life Insurance Company	FidAdv Free 2025 A	N/A	\$ 3,048.99
*	Nationwide Life Insurance Company	FidaAdv Free 2020 A	N/A	\$ 3,872.22
*	Nationwide Life Insurance Company	FidAdv Free 2030 A	N/A	\$ 6,649.38
*	Nationwide Life Insurance Company	FidAdv Free 2040 A	N/A	\$ 6,316.08
*	Nationwide Life Insurance Company	FidAdv Levr Co Stk A	N/A	\$ 72,386.89
*	Nationwide Life Insurance Company	FidAdv New Insghts A	N/A	\$ 6,428.16
*	Nationwide Life Insurance Company	FidAdv Free 2035 A	N/A	\$ 20,167.64
*	Nationwide Life Insurance Company	Abrden Intl Eq A	N/A	\$ 1,475.70
*	Nationwide Life Insurance Company	NW Mny Mkt Inst	N/A	\$ 134,403.35
*	Nationwide Life Insurance Company	GdmnScs Gr Oppr A	N/A	\$ 40,919.08
*	Nationwide Life Insurance Company	Harbor Intl Inst	N/A	\$ 1,281.04
*	Nationwide Life Insurance Company	LrdAbt Cor Fxd Inc A	N/A	\$ 98,910.16
*	Nationwide Life Insurance Company	MFS Intl New Disc A	N/A	\$ 57,704.24
*	Nationwide Life Insurance Company	MFS Val A	N/A	\$ 1,577.39
*	Nationwide Life Insurance Company	NeuBer Genesis Tr	N/A	\$ 77,842.75
*	Nationwide Life Insurance Company	NeuBer Hi Inc A	N/A	\$ 259.56
*	Nationwide Life Insurance Company	NW MdCap Mkt Indx A	N/A	\$ 14,228.66
*	Nationwide Life Insurance Company	Prudntl Ttl Rtn Bd A	N/A	\$ 681.92
*	Nationwide Life Insurance Company	PIMCO Ttl Rtn A	N/A	\$ 324,594.69
*	Nationwide Life Insurance Company	PIMCO ComdtyRealRtnStra	N/A	\$ 217.39
*	Nationwide Life Insurance Company	Pncpl LgCap Gr Inst	N/A	\$ 1,377.90
*	Nationwide Life Insurance Company	Prudntl Jnism Hlth Scnc A	N/A	\$ 15,745.88
*	Nationwide Life Insurance Company	Opp Intl Bd A	N/A	\$ 849.32
*	Nationwide Life Insurance Company	Pionr Eq Inc A	N/A	\$ 1,154.18
*	Nationwide Life Insurance Company	Opp Intl Gr A	N/A	\$ 1,258.90
*	Nationwide Life Insurance Company	Pionr Fd A	N/A	\$ 19,500.19
*	Nationwide Life Insurance Company	Prudntl Jnism Gr A	N/A	\$ 1,619.57
*	Nationwide Life Insurance Company	Pionr Strat Inc A	N/A	\$ 328,728.14
*	Nationwide Life Insurance Company	PIMCO Real Rtn Inst	N/A	\$ 614.41
*	Nationwide Life Insurance Company	Opp M n St SmMdCap A	N/A	\$ 41,001.80
*	Nationwide Life Insurance Company	PIMCO Ttl Rtn Inst	N/A	\$ 1,098.58
*	Nationwide Life Insurance Company	AmFds Cap Wld Bd R6	N/A	\$ 420.52
*	Nationwide Life Insurance Company	DWS RREEF GblRealEst SecA	N/A	\$ 938.83
*	Nationwide Life Insurance Company	DWS RREEF RealEst Sec A	N/A	\$ 64,673.01
*	Nationwide Life Insurance Company	Sntnl MdCap II I	N/A	\$ 1,998.02
*	Nationwide Life Insurance Company	Fnkln Bal Sht Invmt A	N/A	\$ 32,514.71
*	Nationwide Life Insurance Company	Turner SmCap Gr Inv	N/A	\$ 681.35
*	Nationwide Life Insurance Company	Vngrd Bal Indx Inv	N/A	\$ 67,843.18
*	Nationwide Life Insurance Company	Vngrd IntmdTrmInvmt Grd	N/A	\$ 129,442.44
*	Nationwide Life Insurance Company	Vngrd Intmd Trm Trsry Inv	N/A	\$ 40,850.75
*	Nationwide Life Insurance Company	Vngrd SmCap Gr Indx Inv	N/A	\$ 112,587.00
*	Nationwide Life Insurance Company	Invesco Eq Inc A	N/A	\$ 95,973.70
*	Nationwide Life Insurance Company	Vngrd MdCap Gr Indx Inv	N/A	\$ 141,276.49
*	Nationwide Life Insurance Company	LeggM WstrAs CorPlsBd I	N/A	\$ 869.56
*	Nationwide Life Insurance Company	WR Ivy Hi Inc Y	N/A	\$ 160,630.63
*	Nationwide Life Insurance Company	Legg MWstrAsInflIndPlsBdInst	N/A	\$ 1,260.07

\$ 4,942,837.36