

| | | |
|---|---|---|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection |
|---|---|---|

| | |
|--|---|
| 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: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

| | | | | | | | |
|--|--|---|------------|---|--|---|--|
| Part II | Basic Plan Information —enter all requested information | | | | | | |
| 1a Name of plan <u>APPRISS, INC. 401(K) SAVINGS PLAN</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1999</u></td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | <u>001</u> | 1c Effective date of plan <u>09/01/1999</u> | | | |
| 1b Three-digit plan number (PN) ▶ | <u>001</u> | | | | | | |
| 1c Effective date of plan <u>09/01/1999</u> | | | | | | | |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>APPRISS, INC.</u> <u>10401 LINN STATION ROAD</u> <u>SUITE 200</u> <u>LOUISVILLE, KY 40223</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>61-1371324</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>502-815-3930</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>518210</u></td> <td></td> </tr> </table> | 2b Employer Identification Number (EIN) <u>61-1371324</u> | | 2c Sponsor's telephone number <u>502-815-3930</u> | | 2d Business code (see instructions) <u>518210</u> | |
| 2b Employer Identification Number (EIN) <u>61-1371324</u> | | | | | | | |
| 2c Sponsor's telephone number <u>502-815-3930</u> | | | | | | | |
| 2d Business code (see instructions) <u>518210</u> | | | | | | | |

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

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

| | | | |
|--|---|-------------------------------|---|
| SIGN HERE | Filed with authorized/valid electronic signature. Signature of plan administrator | <u>10/12/2013</u> Date | <u>TED WILLIAMS</u> Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) | | | Preparer's telephone number (optional) |

| | | |
|--|-----------|--|
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address APPRISS, INC. 10401 LINN STATION ROAD SUITE 200 LOUISVILLE, KY 40223 | | 3b Administrator's EIN 61-1371324 3c Administrator's telephone number 502-815-3930 |
| 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 | | 5 381 |
| 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 | 431 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 3 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 434 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 434 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 45 |
| 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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

| | |
|---|--|
| A Name of plan <u>APPRISS, INC. 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPRISS, INC.</u> | D Employer Identification Number (EIN) <u>61-1371324</u> |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

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

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

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

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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 60 | RECORDKEEPER | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

JJB HILLIARD WL LYONS LLC

26-2333067

| (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? |
|------------------------|---|--|--|--|---|--|
| 55 | ADVISOR | 19860 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | 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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection. |
|---|--|--|

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

| | | |
|--|--|------------|
| A Name of plan <u>APPRISS, INC. 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ► | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>APPRISS, INC.</u> | D Employer Identification Number (EIN) <u>61-1371324</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) | |

a Name of MTIA, CCT, PSA, or 103-12 IE: WF STABLE VALUE FUND M

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>94-6751924-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2220</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD LIFE INSURANCE COMPANY SEP

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

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>06-0974148-000</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>0</u> |
|---------------------------------------|-------------------------------|---|

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):

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

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

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

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

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | 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>APPRISS, INC. 401(K) SAVINGS PLAN</u> | | B Three-digit plan number (PN) ► <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPRISS, INC.</u> | | D Employer Identification Number (EIN) <u>61-1371324</u> |

| Part I | Asset and Liability Statement | | (a) Beginning of Year | (b) End of Year |
|---|--|-----------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. | | | | |
| | Assets | | | |
| a | Total noninterest-bearing cash | 1a | | |
| b | Receivables (less allowance for doubtful accounts): | | | |
| | (1) Employer contributions | 1b(1) | | |
| | (2) Participant contributions | 1b(2) | | |
| | (3) Other..... | 1b(3) | | |
| c | General investments: | | | |
| | (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 9545315 |
| | (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) | | |
| | (9) Value of interest in common/collective trusts..... | 1c(9) | 455023 | 2220 |
| | (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) | 6678980 | 2107872 |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| | (15) Other | 1c(15) | 18810 | 0 |

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 | 7152813 | 11655407 |

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 | 7152813 | 11655407 |
|---|-----------|---------|----------|

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) | 358137 | |
| (B) Participants | 2a(1)(B) | 998427 | |
| (C) Others (including rollovers) | 2a(1)(C) | 409323 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1765887 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 68 | |
| (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) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 68 |
| (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) | 141772 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 141772 |
| (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) | | |
| (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) | | |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 2 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 756883 |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2664612 |

Expenses

| | | | |
|--|--------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 245465 | |
| (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) | | 245465 |
| f Corrective distributions (see instructions) | 2f | | |
| 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) | 575 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 575 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 246040 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2418572 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 2084022 |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DEAN DORTON ALLEN FORD

(2) EIN: 27-3858252

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 | | 176141 |
| 4b | | X | |

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

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

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

5b(1) Name of plan(s)

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

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. |
|---|--|--|

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

| | |
|---|--|
| A Name of plan <u>APPRISS, INC. 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPRISS, INC.</u> | D Employer Identification Number (EIN) <u>61-1371324</u> |

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

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

| | | |
|--|----------|----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | <u>0</u> |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0974148</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)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): _____

APPRISS, INC. 401(K) SAVINGS PLAN
Financial Statements and Supplemental Schedules

*As of December 31, 2012 and 2011 and
for the Year Ended December 31, 2012
with Report of Independent Auditors*

CONTENTS

Pages

Report of Independent Auditors.....1 - 2

Financial Statements:

 Statements of Net Assets Available for Benefits.....3

 Statement of Changes in Net Assets Available for Benefits.....4

Notes to the Financial Statements.....5 - 12

Supplemental Schedules:

 Schedule H, line 4a - Schedule of Delinquent Participant Contributions.....13

 Schedule H, line 4i - Schedule of Assets (Held at End of Year).....14

Report of Independent Auditors

Investment Committee
Appriss, Inc. 401(k) Savings Plan
Louisville, Kentucky

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan and the Hartford Life Insurance Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold/held the Plan's assets and execute/executed transactions. The Plan Administrator has obtained a certification from the current trustee as of and for the period from December 1, 2012, to December 31, 2012, and the former trustee from January 1, 2012 to December 1, 2012, and as of December 31, 2011, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Investment Committee
Appriss, Inc. 401(k) Savings Plan
Report of Independent Auditors, continued

Disclaimer of Opinion

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

Other Matter

The supplemental schedules as of or for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 schedules, other than that derived from the information certified or provided by the current and former trustees, 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.

Dean Dotson Allen Ford, PLLC

October 9, 2013
Louisville, Kentucky

APPRISS, INC. 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

| | <u>2012</u> | <u>2011</u> |
|---|----------------------|---------------------|
| Investments, at fair value: | | |
| Collective investment trust fund | \$ 2,220 | \$ 452,538 |
| Self directed brokerage | - | 18,810 |
| Money market fund | 9,545,316 | - |
| Mutual funds | <u>2,107,872</u> | <u>6,679,374</u> |
| Total investments, at fair value | 11,655,408 | 7,150,722 |
| Contribution receivables: | | |
| Employer contributions | 67,196 | - |
| Employee contributions | <u>176,141</u> | <u>-</u> |
| Total contribution receivables | 243,337 | - |
| Adjustment from fair value to contract value for interest in collective investment trust fund relating to fully benefit-responsive investment contracts | <u>-</u> | <u>2,092</u> |
| Net assets available for benefits | \$ <u>11,898,745</u> | \$ <u>7,152,814</u> |

See accompanying notes.

APPRISS, INC. 401(K) SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2012

Additions to net assets attributed to:

Investment income:

| | |
|---|----------------|
| Net appreciation in fair value of investments | \$ 756,885 |
| Interest and dividends | <u>141,840</u> |

| | |
|-------------------------|---------|
| Total investment income | 898,725 |
|-------------------------|---------|

Contributions:

| | |
|-----------|----------------|
| Employees | 1,174,568 |
| Employer | 425,333 |
| Rollovers | <u>409,323</u> |

| | |
|---------------------|------------------|
| Total contributions | <u>2,009,224</u> |
|---------------------|------------------|

| | |
|-----------------|-----------|
| Total additions | 2,907,949 |
|-----------------|-----------|

Deductions from net assets attributed to:

| | |
|-------------------------------|------------|
| Benefits paid to participants | 245,465 |
| Administrative expenses | <u>575</u> |

| | |
|------------------|---------|
| Total deductions | 246,040 |
|------------------|---------|

Transfers to plan:

| | |
|-----------------------------------|------------------|
| Open Portal Solutions 401(k) Plan | <u>2,084,022</u> |
|-----------------------------------|------------------|

| | |
|--------------|-----------|
| Net increase | 4,745,931 |
|--------------|-----------|

Net assets available for benefits:

| | |
|-------------------|------------------|
| Beginning of year | <u>7,152,814</u> |
|-------------------|------------------|

| | |
|-------------|----------------------|
| End of year | <u>\$ 11,898,745</u> |
|-------------|----------------------|

See accompanying notes.

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements

1. Description of the Plan

The following description of the Appriss, Inc. 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Appriss, Inc. (the Sponsor or Plan Administrator) who are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as well as applicable sections of the Internal Revenue Code (IRC).

Open Portal Solutions, Inc. (OPS) is a subsidiary of Appriss, Inc. Effective December 1, 2012, the OPS 401(k) Plan was merged into the Plan. As a result of the merger, the Plan was amended to allow employees of OPS to become participants in the Plan as of December 1, 2012. Service of employees of OPS will be counted for purposes of determining eligibility and vesting under the Plan.

Eligibility

Employees are eligible to participate in the Plan on their hire date. Eligible participants can enter the Plan on the first day of the month on or following their date of hire. At that time, participants can begin deferring compensation into the Plan, and become eligible for the employer discretionary matching contributions.

Contributions

Each year, participants may contribute up to the maximum allowable amount by regulation of pre- and post-tax annual compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants may change their deferral percentages at any time. The Sponsor has the option of making discretionary matching contributions on behalf of participants not to exceed 6% of pre-tax annual compensation. The Sponsor made matching contributions totaling \$425,333 for the year ended December 31, 2012.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Sponsor's matching contribution, and an allocation of Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in 1% increments in any of the various investment options. Participants may change their investment options at their discretion.

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

1. Description of the Plan, continued

Vesting

Participants are vested immediately in their contributions plus actual earnings or losses thereon. Vesting in the Sponsor's contributions portion of their accounts is based on years of continuous service. A participant is 25% vested after one year of credited service, 50% vested after two years of credited service, and 100% vested after three years of credited service. In addition, participants become 100% vested upon termination of service due to death, disability, or the attainment of normal retirement age as defined in the Plan.

Payment of Benefits

On termination of service, death, disability, the attainment of age 70½, or the normal retirement date as defined in the Plan document, the participant or their beneficiaries may elect to receive a lump-sum amount equal to the value of his/her account. If a participant withdraws from the Plan for any other reason, the distribution of his/her account balance would be subject to special rules as set forth in the Plan document.

Forfeited Accounts

Forfeiture accounts are used to reduce Plan administrative expenses or employer contributions. At December 31, 2012 and 2011, forfeited non-vested accounts totaled \$10,763 and \$7,166, respectively. During 2012, forfeitures totaling \$7,235 were used to reduce contributions. Forfeited participant balances during 2012 totaled \$10,832.

Risks and Uncertainties

The Plan provides for participant directed investment options in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. All other administrative expenses are paid by the Plan Sponsor.

2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements:

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value or at amounts that approximate fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. There is a requirement for the statements of net assets available for benefits to include the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. As of December 31, 2012 an adjustment from fair value to contract value was not made because the Plan Administrator determined that the contract value of the Wells Fargo Stable Return Fund administered by Fidelity Management Trust Company (Fidelity) approximated the fair value at December 31, 2012. As of December 31, 2011 the statement of net assets available for benefits includes the fair value of the Hartford Life Insurance Company (Hartford) Collective Investment Trust Fund investment contract as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through October 9, 2013, which was the date at which the financial statements were available to be issued.

3. Information Certified or Provided by Hartford and Fidelity

Effective December 1, 2012, the Plan switched trustees from Hartford to Fidelity, and all assets were transferred on December 4, 2012. During the transition, there was a black-out period in which participants were unable to make changes in their investment options and deferral percentages. During this period there were four pay periods where participants' contributions were withheld and not contributed to the Plan until January 8, 2013. These have been deemed prohibited transactions (See Note 8).

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

3. Information Certified or Provided by Hartford and Fidelity, continued

The Plan's investment information included in this note and throughout the Plan's financial statements and the supplemental schedules was prepared by or derived from information certified or provided by Hartford, the former trustee of the Plan, and Fidelity, the current trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current and former trustees that investment information provided to the Plan Administrator by the current and former trustees related to the investment information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investment information in this note and which appears throughout the financial statements and the supplemental schedules.

The following table presents the fair value of investments in the Plan that were certified by Hartford and Fidelity. Single investments representing more than 5% of the Plan's net assets as of December 31, 2012 and 2011 are separately identified.

| | <u>2012</u> | <u>2011</u> |
|---|----------------------|---------------------|
| Investments held by Fidelity, at fair value | | |
| Fidelity Government Money Market Fund | \$ 9,545,316 | \$ - |
| Fidelity Advisor Freedom 2030 A | 1,062,098 | - |
| Other investments | 1,047,994 | - |
| Investments held by Hartford, at fair value: | | |
| Goldman Sachs High Yield | - | 442,469 |
| Mutual Beacon | - | 454,493 |
| Columbia Seligman Communications and Information | - | 426,597 |
| Prudential Jenison Mid Cap Growth | - | 484,120 |
| Mutual Global Discovery | - | 905,732 |
| American Funds The Investment Company of America | - | 494,975 |
| American Funds The Growth Fund of America | - | 439,747 |
| Blackrock Equity Dividend | - | 599,272 |
| Hartford Index HLS | - | 643,084 |
| SEI Stable Asset Fund | - | 452,538 |
| Other investments | - | 1,807,695 |
| | <hr/> | <hr/> |
| Total investments | \$ <u>11,655,408</u> | \$ <u>7,150,722</u> |

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

3. Information Certified or Provided by Hartford and Fidelity, continued

Hartford and Fidelity also certified to the completeness and accuracy of the net investment income, which is composed of the following for the year ended December 31, 2012:

| | |
|---|-------------------|
| Interest and dividends | |
| Collective investment trust fund (Hartford) | \$ 50 |
| Money market fund | 68 |
| Mutual funds | 141,722 |
| Net appreciation in fair value | |
| Mutual funds | 755,928 |
| Other assets | <u>957</u> |
| Net investment income | <u>\$ 898,725</u> |

4. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Collective Investment Trusts: Valued based on net asset value (NAV) of the units of participation in the fund. The collective investment trust fund is valued at fair value, or approximates fair value, as determined by the Plan Administrator based on audited financial information provided by the fund of the fair value of the underlying assets.

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

Money market fund: Valued at cost which approximates fair value.

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

4. Fair Value Measurements, continued

There have been no changes in the valuation methodologies used at December 31, 2012 and 2011.

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

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

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|--|----------------------|-------------------|----------------|----------------------|
| <u>2012</u> | | | | |
| Collective investment trust fund (Fidelity) | \$ - | \$ 2,220 | \$ - | \$ 2,220 |
| Money market fund | 9,545,316 | - | - | 9,545,316 |
| Mutual funds: | | | | |
| Balanced | <u>2,107,872</u> | <u>-</u> | <u>-</u> | <u>2,107,872</u> |
| Total investments | <u>\$ 11,653,188</u> | <u>\$ 2,220</u> | <u>\$ -</u> | <u>\$ 11,655,408</u> |
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| <u>2011</u> | | | | |
| Collective investment trust fund (Hartford) | \$ - | \$ 452,538 | \$ - | \$ 452,538 |
| Self directed brokerage | 18,810 | - | - | 18,810 |
| Mutual funds: | | | | |
| Large cap | 2,809,162 | - | - | 2,809,162 |
| International | 1,082,864 | - | - | 1,082,864 |
| Bond | 954,893 | - | - | 954,893 |
| Mid cap | 828,283 | - | - | 828,283 |
| Technology | 426,597 | - | - | 426,597 |
| Small cap | 296,114 | - | - | 296,114 |
| Others | <u>281,461</u> | <u>-</u> | <u>-</u> | <u>281,461</u> |
| Total mutual funds | <u>6,679,374</u> | <u>-</u> | <u>-</u> | <u>6,679,374</u> |
| Total investments | <u>\$ 6,698,184</u> | <u>\$ 452,538</u> | <u>\$ -</u> | <u>\$ 7,150,722</u> |

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

4. Fair Value Measurements, continued

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no significant transfers in or out of Level 3.

The table below sets forth the fair value of investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2012:

| <u>Investment</u> | <u>Fair Value</u> | <u>Unfunded Commitment</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|--|-------------------|--------------------------------|---------------------------------|-------------------------------------|
| Collective investment trust fund (Fidelity) | \$ 2,220 | \$ - | Daily | None |

5. Related Party Transactions

Certain Plan investments held during the year were shares of funds managed by Hartford, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses of \$575 for the year ended December 31, 2012 are comprised of fees paid by the Plan to Hartford for administrative services. There were no administrative expenses paid by the Plan to Fidelity for the year ended December 31, 2012.

6. Tax Status

The Plan uses a prototype Plan document sponsored by Thompson Hine LLP. The prototype plan has received an opinion letter from the Internal Revenue Service (IRS), dated March 31, 2008, as to the prototype plan's qualified status and, therefore, is exempt from taxation. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator and the Plan's tax counsel believe the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

GAAP requires 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. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2009.

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 provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

APPRISS, INC. 401(K) SAVINGS PLAN

Notes to the Financial Statements, continued

8. Prohibited Transactions

During the transition between trustees, the Plan Sponsor failed to deposit certain deferrals within the required timeframe as stated by the United States Department of Labor. The late deposits totaled \$176,141 for the year ended December 31, 2012 and were deposited during the 2013 Plan year. The Plan Sponsor is aware of the occurrence and has taken the appropriate steps to correct the situation by implementing procedures to ensure all future remittances are completed within the prescribed time period.

9. Reconciliation to Form 5500

A reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per Form 5500 for the year ended December 31, 2012 and 2011 is as follows:

| | |
|--|---------------------|
| Net increase in net assets available for benefits for the financial statements | \$ 4,745,931 |
| Less employee contribution receivables | 176,141 |
| Less employer contribution receivables | <u>67,196</u> |
| Net income per Form 5500, inclusive of transfers of assets | <u>\$ 4,502,594</u> |

A reconciliation of employee contributions per the financial statements to the Form 5500 for the year ended December 31, 2012 is as follows:

| | |
|---|-------------------|
| Employee contributions per the financial statements | \$ 1,174,568 |
| Less employee contributions receivable | <u>176,141</u> |
| Employee contributions per Form 5500 | <u>\$ 998,427</u> |

A reconciliation of employer contributions per the financial statements to the Form 5500 for the year ended December 31, 2012 is as follows:

| | |
|---|-------------------|
| Employer contributions per the financial statements | \$ 425,333 |
| Less employer contributions receivable | <u>67,196</u> |
| Employer contributions per Form 5500 | <u>\$ 358,137</u> |

APPRISS, INC. 401(K) SAVINGS PLAN

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2012

Plan Sponsor: Appriss, Inc.

Plan Sponsor's EIN: 61-1371324

Plan Number: 001

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|--------------------------------------|--|--|
| Check here if Late Participant Loan Repayments are included: [] | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| \$ 176,141 | \$ 176,141 | \$ - | \$ - | \$ - |

See report of independent auditors.

APPRISS, INC. 401(K) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2012

Plan Sponsor: Appriss, Inc.
Plan Sponsor's EIN: 61-1371324
Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|-----|---|--|------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current value |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2020 A | ** | \$ 132,477 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2030 A | ** | 1,062,098 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2040 A | ** | 360,148 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2025 A | ** | 51,386 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2035 A | ** | 260,330 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2045 A | ** | 871 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2050 A | ** | 148,532 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2055 A | ** | 3,879 |
| * | Fidelity Management Trust Company | Fidelity Spartan 500 Index Fund | ** | 88,151 |
| * | Fidelity Management Trust Company | Fidelity Government Money Market Fund | ** | 9,545,316 |
| | Wells Fargo Bank, N.A. | Stable Return Fund G | ** | <u>2,220</u> |
| | | | | <u>\$ 11,655,408</u> |

* Denotes party-in-interest

**Cost information is not required by ERISA for participant-directed investments

See report of independent auditors.

APPRISS, INC. 401(K) SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2012

Plan Sponsor: Appriss, Inc.

Plan Sponsor's EIN: 61-1371324

Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|-----|---|--|------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current value |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2020 A | ** | \$ 132,477 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2030 A | ** | 1,062,098 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2040 A | ** | 360,148 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2025 A | ** | 51,386 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2035 A | ** | 260,330 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2045 A | ** | 871 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2050 A | ** | 148,532 |
| * | Fidelity Management Trust Company | Fidelity Advisor Freedom 2055 A | ** | 3,879 |
| * | Fidelity Management Trust Company | Fidelity Spartan 500 Index Fund | ** | 88,151 |
| * | Fidelity Management Trust Company | Fidelity Government Money Market Fund | ** | 9,545,316 |
| | Wells Fargo Bank, N.A. | Stable Return Fund G | ** | <u>2,220</u> |
| | | | | <u>\$ 11,655,408</u> |

* Denotes party-in-interest

**Cost information is not required by ERISA for participant-directed investments

See report of independent auditors.

APPRISS, INC. 401(K) SAVINGS PLAN

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2012

Plan Sponsor: Appriss, Inc.
 Plan Sponsor's EIN: 61-1371324
 Plan Number: 001

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|--------------------------------------|--|--|
| Check here if Late Participant Loan Repayments are included: [] | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| \$ 176,141 | \$ 176,141 | \$ - | \$ - | \$ - |

See report of independent auditors.