

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE ACCESS FINANCIAL 401K 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>06/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1995</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ACCESS FINANCIAL SERVICES INC.</u> <u>ATTN ANDE WEBB</u> <u>7755 MONTGOMERY ROAD</u> <u>CINCINNATI, OH 45236</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1485652</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-229-6476</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522298</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1485652</u>	2c Sponsor's telephone number <u>513-229-6476</u>	2d Business code (see instructions) <u>522298</u>	
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2d Business code (see instructions) <u>522298</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	10/14/2013 Date	JULIE NOWAK Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/14/2013 Date	JULIE NOWAK 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 2859
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 1705	
b Retired or separated participants receiving benefits.....	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 917	
d Subtotal. Add lines 6a , 6b , and 6c	6d 2622	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0	
f Total. Add lines 6d and 6e	6f 2622	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 2282	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 550	
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		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

A Name of plan <u>THE AXCESS FINANCIAL 401K 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>AXCESS FINANCIAL SERVICES INC.</u>	D Employer Identification Number (EIN) <u>31-1485652</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
ING LIFE INSURANCE AND ANNUITY CO.

71-0294708

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

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

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

AMERICAN FUNDS

95-1411037

(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?
28 52 63	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	19009	Yes ☐ No ☒

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

GALLIARD CAPITAL MANAGEMENT

13-3439945

(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?
28 52	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	52386	Yes ☐ No ☒

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

ING FINANCIAL ADVISERS

06-1375177

(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?
63	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	41244	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)

ING INSTITUTIONAL PLAN SERVICE, LLC

04-3516284

(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?
26 60 65	SERVICE PROVIDER	28649	Yes ☒ No ☐	Yes ☒ No ☐	80255	Yes ☐ No ☒

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

ING MUTUAL FUNDS

95-4516049

(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?
28 52 63	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	59091	Yes ☐ No ☒

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

LOOMIS SAYLES

04-3200027

(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?
28 52 63	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	5253	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)

LORD ABBETT FUNDS

13-3731507

(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?
28 52 63	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	5199	Yes ☐ No ☒

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

T. ROWE PRICE FUNDS

52-2264646

(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?
52 63	INVESTMENT PROD. PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	25397	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
AMERICAN FUNDS	28 52 63	7668

(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.
AMERICAN FUNDS AMER MTUAL R2 95-6006886	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	10265

(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.
AMERICAN FUNDS EUROPACIFIC R2 95-1411037	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	1076

(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.
AMERICAN FUNDS FDMNTL INV R2 22-1557722	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
GALLIARD CAPITAL MANAGEMENT	28 52	52386
(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.	
ING STABLE VALUE FUND 145 26-1928760	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	8006
(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.	
ING LARGE CAP GROWTH PORTFOLIO ADV 20-0573935	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING INSTITUTIONAL PLAN SERVICE, LLC	60 65	1320
(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.	
AMERICAN FUNDS AMER MTUAL R2 95-6006886	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES	

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
ING INSTITUTIONAL PLAN SERVICE, LLC	60	1590
(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.	
AMERICAN FUNDS EUROPACIFIC R2 95-1411037	SUB-TRANSFER/REIMBURSEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING INSTITUTIONAL PLAN SERVICE, LLC	60 65	3133
(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.	
ING AMCEN SM-MD CP VAL PORT ADV 45-0467862	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING INSTITUTIONAL PLAN SERVICE, LLC	60 65	2196
(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.	
ING CLARION REAL ESTATE PORT ADV 95-6895628	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES	

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
ING INSTITUTIONAL PLAN SERVICE, LLC	60 65	1902
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING FMR DIVERSIFIED MD CP PORT ADV</p> <p>25-6725709</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>ING INSTITUTIONAL PLAN SERVICE, LLC</p>		
<p>(b) Service Codes (see instructions)</p> <p>60 65</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">12581</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING LARGE CAP GROWTH PORTFOLIO ADV</p> <p>20-0573935</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>ING INSTITUTIONAL PLAN SERVICE, LLC</p>		
<p>(b) Service Codes (see instructions)</p> <p>60 65</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">2045</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING PIMCO HIGH YIELD PORTFOLIO ADV</p> <p>02-0558398</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES</p>		

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
ING INSTITUTIONAL PLAN SERVICE, LLC	60	45161
(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.	
ING STABLE VALUE FUND 145 26-1928760	SUB-TRANSFER/REIMBURSEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING INSTITUTIONAL PLAN SERVICE, LLC	60 65	3657
(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.	
ING TROWEPRISE CAPTL APPREC PT ADV 95-6895626	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING INSTITUTIONAL PLAN SERVICE, LLC	60	1235
(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.	
LOOMIS SAYLES INVMT GRADE BND FD AD 04-3200027	SUB-TRANSFER/REIMBURSEMENT FEES	

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
ING MUTUAL FUNDS	28 52 63	8128

(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.
ING AMCEN SM-MD CP VAL PORT ADV 45-0467862	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	5041

(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.
ING CLARION REAL ESTATE PORT ADV 95-6895628	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	4534

(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.
ING FMR DIVERSIFIED MD CP PORT ADV 25-6725709	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52 63	1510
(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.	
ING JPMORGAN EMRG MKTS EQ PORT ADV 52-2059121	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	26946
(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.	
ING LARGE CAP GROWTH PORTFOLIO ADV 20-0573935	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	4257
(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.	
ING PIMCO HIGH YIELD PORTFOLIO ADV 02-0558398	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

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
ING MUTUAL FUNDS	28 52 63	8675
(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.	
ING TROWPRICE CAPTL APPREC PT ADV 95-6895626	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOOMIS SAYLES	28 52 63	5253
(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.	
LOOMIS SAYLES INVMT GRADE BND FD AD 04-3200027	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT FUNDS	28 52 63	5199
(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.	
LORD ABBETT SMALL CAP VALUE FUND R3 13-6995863	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

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
T.ROWE PRICE FUNDS	52 63	1499
(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.	
TROWEPRC RETIREMENT 2020 FUND R 20-0001634	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T.ROWE PRICE FUNDS	52 63	2241
(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.	
TROWEPRC RETIREMENT 2025 FUND R 65-1218398	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T.ROWE PRICE FUNDS	52 63	1398
(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.	
TROWEPRC RETIREMENT 2030 FUND R 20-0001636	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

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
T.ROWE PRICE FUNDS	52 63	4664
(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.	
TROWEPRC RETIREMENT 2035 FUND R 65-1218399	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T.ROWE PRICE FUNDS	52 63	5757
(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.	
TROWEPRC RETIREMENT 2040 FUND R 20-0001638	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T.ROWE PRICE FUNDS	52 63	2943
(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.	
TROWEPRC RETIREMENT 2045 FUND R 65-1253987	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

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
T. ROWE PRICE FUNDS	52 63	4340
(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.	
TROWEPRC RETIREMENT 2050 FUND R 51-0612044	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	3960
(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.	
AMERICAN FUNDS AMER MTUAL R2 95-6006886	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	4769
(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.	
AMERICAN FUNDS EUROPACIFIC R2 95-1411037	12B-1 DISTRIBUTION FEES	

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
ING FINANCIAL ADVISERS	63	1401
(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.	
ING AMCEN SM-MD CP VAL PORT ADV 45-0467862	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1458
(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.	
ING CLARION REAL ESTATE PORT ADV 95-6895628	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1263
(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.	
ING FMR DIVERSIFIED MD CP PORT ADV 25-6725709	12B-1 DISTRIBUTION FEES	

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
ING FINANCIAL ADVISERS	63	1358
(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.	
ING PIMCO HIGH YIELD PORTFOLIO ADV 02-0558398	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	2429
(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.	
ING TROWEPRICE CAPTL APPREC PT ADV 95-6895626	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	2156
(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.	
LOOMIS SAYLES INVMT GRADE BND FD AD 04-3200027	12B-1 DISTRIBUTION FEES	

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
ING FINANCIAL ADVISERS	63	1809
(d) Enter name and EIN (address) of source of indirect compensation LORD ABBETT SMALL CAP VALUE FUND R3 13-6995863		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 12B-1 DISTRIBUTION FEES		
ING FINANCIAL ADVISERS	63	1235
(d) Enter name and EIN (address) of source of indirect compensation MFS INTL NEW DISCOVERY FND R2 04-2468583		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 12B-1 DISTRIBUTION FEES		
ING FINANCIAL ADVISERS	63	1848
(d) Enter name and EIN (address) of source of indirect compensation TROWEPRC RETIREMENT 2035 FUND R 65-1218399		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 12B-1 DISTRIBUTION FEES		

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
ING FINANCIAL ADVISERS	63	2277
(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.	
TROWEPRC RETIREMENT 2040 FUND R 20-0001638	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1164
(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.	
TROWEPRC RETIREMENT 2045 FUND R 65-1253987	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1717
(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.	
TROWEPRC RETIREMENT 2050 FUND R 51-0612044	12B-1 DISTRIBUTION FEES	

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:

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.

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

A Name of plan
THE AXCESS FINANCIAL 401K PLAN

B Three-digit plan number (PN)	001
--	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AXCESS FINANCIAL SERVICES INC.

D	Employer Identification Number (EIN)
	31-1485652

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: **ING STABLE VALUE**

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES CO

c EIN-PN 26-1928760-140	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3643153
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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)
-----------------	----------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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>THE ACCESS FINANCIAL 401K 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>ACCESS FINANCIAL SERVICES INC.</u>	D Employer Identification Number (EIN) <u>31-1485652</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	553100	546611
	(9) Value of interest in common/collective trusts.....	1c(9)	3420816	3643153
	(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)	8144261	10646922
	(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	12118177	14836686

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	12118177	14836686
---	-----------	----------	----------

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)	1117411	
(B) Participants	2a(1)(B)	2146526	
(C) Others (including rollovers)	2a(1)(C)	21188	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3285125
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)	32658	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32658
(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)	251998	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		251998
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		31091
(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)		1114417
c Other income.....	2c		30035
d Total income. Add all income amounts in column (b) and enter total.....	2d		4745324

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1987056	
(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)		1987056
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11110
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)	28649	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28649
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2026815

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2718509
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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

A Name of plan <u>THE AXCESS FINANCIAL 401K 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>AXCESS FINANCIAL SERVICES INC.</u>	D Employer Identification Number (EIN) <u>31-1485652</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>71-0294708</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
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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): _____

The Axxcess Financial 401(k) Plan

Financial Statements and Supplemental Schedule

December 31, 2012 and 2011

(with Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants in
The Axxess Financial 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the The Axxess Financial 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related 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

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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by ING National Trust and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that ING National Trust held the Plan's investment assets and executed investment transactions from December 28, 2011 to December 31, 2012, and that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2011 to December 27, 2011. The plan administrator has obtained a certification from the trustees as of and for the year ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

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



Cincinnati, Ohio
October 1, 2013

The Axxess Financial 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments at fair value:		
Interest in common/collective trust	\$ 3,643,153	3,420,816
Mutual funds	<u>10,646,922</u>	<u>8,144,261</u>
Total investments	<u>14,290,075</u>	<u>11,565,077</u>
Receivables:		
Notes receivable from participants	546,611	553,100
Transfer in of assets from merged plan (Note 3)	513,890	-
Participant contributions	91,983	175,161
Employer contributions	<u>41,740</u>	<u>87,990</u>
Total receivables	<u>1,194,224</u>	<u>816,251</u>
Net assets available for benefits	\$ <u>15,484,299</u>	<u>12,381,328</u>

See accompanying notes to the financial statements.

The Axxess Financial 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions:		
Contributions:		
Employer contributions	\$ 1,071,161	1,064,934
Participant contributions	2,063,348	2,107,658
Rollover contributions	<u>21,188</u>	<u>21,372</u>
Total contributions	<u>3,155,697</u>	<u>3,193,964</u>
Investment income:		
Net appreciation in fair value of investments	1,175,543	-
Interest and dividends	<u>251,998</u>	<u>96,291</u>
Total investment income	<u>1,427,541</u>	<u>96,291</u>
Interest income on notes receivable from participants	<u>32,658</u>	<u>32,017</u>
Total additions	<u>4,615,896</u>	<u>3,322,272</u>
Deductions:		
Benefits paid to participants	1,998,166	1,853,661
Net depreciation in fair value of investments	-	345,131
Administrative expenses	<u>28,649</u>	<u>115,917</u>
Total deductions	<u>2,026,815</u>	<u>2,314,709</u>
Net increase in net assets	2,589,081	1,007,563
Transfer of assets to the Plan from the Allied Cash Holdings, LLC Employees Savings Trust	513,890	-
Net assets available for benefits:		
Beginning of year	<u>12,381,328</u>	<u>11,373,765</u>
End of year	\$ <u>15,484,299</u>	<u>12,381,328</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of The Access Financial 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information and a description of the Plan's provisions.

General

The Plan is a defined contribution plan available to all employees of Axxess Financial Services, Inc. (the "Employer" or the "Company") who have met certain age and service requirements, as defined. The Employer controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year participants may make elective deferral contributions to the Plan on a pretax basis subject to certain Internal Revenue Code (IRC) limitations. Participants are automatically enrolled in the Plan at a 3% deferral rate until they affirmatively select another deferral amount or percentage. Participants who have been automatically enrolled in the Plan also automatically have their deferral increased by 1% annually up to a total deferral of 6% unless they affirmatively select another deferral amount or percentage. The Employer makes discretionary matching contributions, safe harbor contributions and discretionary profit sharing contributions to the Plan, as defined. Beginning January 1, 2010, the Plan was amended to provide non-discretionary matching contributions of 100% of the first 1% of qualified wages contributed by a participant to the Plan and 50% of the salary deferrals between 2% and 6% of each participant's compensation. Such contributions are allocated to each participant in proportion to his or her compensation for the Plan year while a participant. Participants may also contribute amounts representing distributions from other qualified plans.

Participant accounts

Each participant's account is credited with the participant's contributions, Employer matching contributions and an allocation of Employer discretionary contributions, forfeitures and Plan earnings and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. Allocations of administrative expenses are based on a fixed fee per participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participant contributions vest immediately and cannot be forfeited for any reason. Participant contributions include any elective deferrals, qualified nonelective contributions, voluntary contributions, rollover contributions and transfer contributions, plus or minus any earnings or losses. Vesting in Employer contributions (discretionary and matching contributions) is based on years of continuous service. For Employer contributions, participants are immediately 100% vested, unless they are auto enrolled. Participants that are auto enrolled will vest in employer safe harbor contributions after two years of service. Participants become fully vested, regardless of the vesting scale, upon attainment of age 59 1/2, upon retirement due to disability, upon death, or upon termination of the Plan. Vesting in Employer contributions (safe harbor) is based on years of continuous service.

Notes receivable from participants

Active participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested interest in the Plan, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with rates currently being charged by commercial lenders for loans made under similar circumstances and shall be at least 1% over the prime rate. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability, or normal retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, prior to termination from employment, a participant may withdraw all or a portion of his vested account balance upon attaining age 59 1/2 or via financial hardship withdrawal, if certain requirements are satisfied. In the event of a participant's death, payment will be made to designated beneficiaries. 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, or rollover their vested amounts to another qualified retirement account.

Forfeited accounts

At December 31, 2012 and 2011, forfeited non-vested accounts amounted to \$170,151 and \$88,097, respectively. At the discretion of the Company, forfeitures may be used to pay administrative expenses of the Plan. Any remaining amounts may be used to reduce future Company contributions. During the years ended December 31, 2012 and 2011, \$0 and \$41,663 of forfeitures were used to reduce Employer matching contributions to the Plan, respectively. During the years ended December 31, 2012 and 2011, \$7,000 and \$62,306, respectively, of forfeitures were used to pay Plan administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**Basis of accounting**

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

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. The Plan invests in investment contracts through a common/collective trust. Professional standards require that the statements of net assets available for benefits present the fair value of the investment in the common/collective trust. However, fair value approximates the contract value. As such, no such adjustment is deemed necessary at December 31, 2012 and 2011. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefit payments are recorded when paid.

Expenses

Certain administrative expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative expenses of maintaining the Plan are paid from the forfeitures account and are included from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition of disclosure in the financial statements. The accompanying financial statements consider events through October 1, 2013 the date on which the financial statements were available to be issued.

3. PLAN MERGER:

During 2012, Allied Cash Holdings, LLC was acquired by the Company and its defined contribution plan, the Allied Cash Holdings, LLC Employee Savings Trust, was merged into the Plan on December 31, 2012. On the date of the merger, net assets available for benefits transferred in were \$513,890. These funds were in transit as of December 31, 2012 and are shown as a Plan receivable at year end.

4. INVESTMENTS:

The Plan provides for participant directed investment programs. Investments of employee contributions and related employer contributions are made into various funds in accordance with each participant's election.

The following presents investments that represent 5 percent or more of the Plan's net assets available for benefits as of December 31:

	<u>2012</u>	<u>2011</u>
ING Stable Value Fund 145	\$ 3,643,153	3,420,816
ING Large Cap Growth Portfolio – Adviser Class	2,308,181	1,929,320

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) as follows:

	<u>2012</u>	<u>2011</u>
Money market and mutual funds	\$ 1,144,452	(345,875)
Common/collective trusts	<u>31,091</u>	<u>744</u>
Net appreciation (depreciation) in fair value of investments	\$ <u>1,175,543</u>	<u>(345,131)</u>

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
 If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Common/collective trust: Valued at the NAV of units of the common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common/collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidated will be carried out in an orderly business manner.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

<u>Fair Value Measurements at Reporting Date</u>				
<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust	\$ 3,643,153	-	3,643,153	-
Mutual funds:				
Target date	2,516,553	2,516,553	-	-
Large growth	2,308,181	2,308,181	-	-
Large blend	676,852	676,852	-	-
Moderate allocation	664,489	664,489	-	-
Foreign large blend	653,243	653,243	-	-
Mid-cap value	615,977	615,977	-	-
Large value	508,448	508,448	-	-
Intermediate-term bond	503,090	503,090	-	-
High yield bond	427,811	427,811	-	-
Real estate	409,283	409,283	-	-
Mid-cap growth	370,532	370,532	-	-
Small blend	349,376	349,376	-	-
Foreign small/mid growth	295,963	295,963	-	-
Other	<u>347,124</u>	<u>347,124</u>	-	-
Total mutual funds	<u>10,646,922</u>	<u>10,646,922</u>	-	-
Total investments at fair value	\$ <u>14,290,075</u>	<u>10,646,922</u>	<u>3,643,153</u>	-

<u>Fair Value Measurements at Reporting Date</u>				
<u>December 31, 2011</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust	\$ 3,420,816	-	3,420,816	-
Mutual funds:				
Large growth	1,929,320	1,929,320	-	-
Target date	1,408,482	1,408,482	-	-
Foreign large blend	589,595	589,595	-	-
Moderate allocation	579,903	579,903	-	-
Large blend	495,628	495,628	-	-
Small blend	374,361	374,361	-	-
Large value	457,043	457,043	-	-
Mid-cap value	472,862	472,862	-	-
Intermediate-term bond	487,967	487,967	-	-
Mid-cap growth	360,783	360,783	-	-
Real estate	368,949	368,949	-	-
Foreign small/mid growth	199,272	199,272	-	-
Other	<u>420,096</u>	<u>420,096</u>	-	-
Total mutual funds	<u>8,144,261</u>	<u>8,144,261</u>	-	-
Total investments at fair value	\$ <u>11,565,077</u>	<u>8,144,261</u>	<u>3,420,816</u>	-

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011:

<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust – stable value	\$3,643,153	n/a	Daily	Daily

<u>December 31, 2011</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust – stable value	\$3,420,816	n/a	Daily	Daily

6. INFORMATION CERTIFIED BY THE PLAN TRUSTEES:

All Plan investments held at December 31, 2012 were certified by the trustee, ING National Trust, as complete and accurate. All of the investment activity on the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2012, were certified as complete and accurate by the trustee, as was the net appreciation in fair value of investments.

The Plan changed trustees to ING National Trust effective January 1, 2012. However, funds were transferred to ING on December 28, 2011 and were invested prior to December 31, 2011. A certification on the investments and related investment income was not obtained for the period December 28, 2011 to December 31, 2011 as the effective date of the contract between ING and the plan sponsor was January 1, 2012. As such, the Plan's independent auditors performed certain auditing procedures in accordance with accounting principles generally accepted in the United States of America to the investments and related investment loss from December 28, 2011 through December 31, 2011. Total investments at December 31, 2011 were \$11,565,077 and total investment loss from December 28, 2011 through December 31, 2011 was \$14,172, neither of which were certified.

All Plan investments and investment activity from January 1, 2011 to December 27, 2011 was certified by the previous trustee, Fidelity Management Trust Company, as complete and accurate.

7. RELATED PARTY TRANSACTIONS:

Certain Plan investments held as of December 31, 2012 are shares of funds managed by ING North America, a related party of ING National Trust, the current trustee. Certain Plan investments held as of December 31, 2011 were shares of funds managed by Fidelity Management Trust Company, the prior trustee. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments as they are paid through revenue sharing, rather than a direct payment.

8. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer reserves the right to discontinue its contributions to the Plan at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, participants will become fully vested to the extent they are not already vested.

9. INCOME TAX STATUS:

In an opinion letter dated March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under IRC Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, 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 and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

10. RISKS AND UNCERTAINTIES:

The Plan invests in various investment 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participant account balances and the amounts reported in the statements of net assets available for benefits.

11. RECONCILIATION TO FORM 5500:

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

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$ 15,484,299	12,381,328
Less: Transfer in of assets from merged plan	(513,890)	-
Less: Employer contributions receivable	(41,740)	(87,990)
Less: Participant contributions receivable	<u>(91,983)</u>	<u>(175,161)</u>
Net assets available for benefits per the Form 5500	\$ <u>14,836,686</u>	<u>12,118,177</u>

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

	<u>2012</u>
Net increase in net assets per the financial statements	\$ 3,102,971
Less: Transfer in of assets from merged plan	(513,890)
Less: Change in employer contributions receivable	46,250
Less: Change in participant contributions receivable	<u>83,178</u>
Net income per the Form 5500	\$ <u>2,718,509</u>

The Access Financial 401(k) Plan
 EIN: 31-1481590 Plan No. 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2012

(b),(c) Identity of Issue, Borrower, Lessor or Similar Party and Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
(a)			
Common/collective trust:			
* ING Stable Value Fund 145		**	\$ <u>3,643,153</u>
Mutual funds:			
American Funds American Mutual Fund - Class R-2		**	508,448
American Funds EuroPacific Growth Fund - Class R-2		**	653,243
American Funds Fundamental InvestorsSM - Class R-2		**	83,279
BlackRock Liquidity Temp Fund - CM		**	106,409
Eagle Small Cap Growth Fund - Class R3		**	18,923
* ING American Century Small-Mid Cap Value Portfolio - Adviser		**	598,406
* ING Clarion Real Estate Portfolio - Adviser Class		**	409,283
* ING FMR Diversified Mid Cap Portfolio - Adviser Class		**	370,532
* ING JPMorgan Emerging Markets Equity Portfolio - Adviser		**	178,153
* ING Large Cap Growth Portfolio - Adviser Class		**	2,308,181
* ING PIMCO High Yield Portfolio - Adviser Class		**	427,811
* ING T. Rowe Price Capital Appreciation Portfolio - Adviser		**	664,489
Invesco Mid Cap Core Equity Fund - Class R		**	16,243
Loomis Sayles Investment Grade Bond Fund - Admin Class		**	503,090
Lord Abbett Small Cap Value Fund - Class R3		**	349,376
MFS International New Discovery Fund - Class R2		**	295,963
Perkins Mid Cap Value Fund - Class R		**	17,571
T. Rowe Price Retirement 2005 Fund - R Class		**	22,071
T. Rowe Price Retirement 2010 Fund - R Class		**	36,454
T. Rowe Price Retirement 2015 Fund - R Class		**	67,053
T. Rowe Price Retirement 2020 Fund - R Class		**	154,331
T. Rowe Price Retirement 2025 Fund - R Class		**	231,173
T. Rowe Price Retirement 2030 Fund - R Class		**	137,872
T. Rowe Price Retirement 2035 Fund - R Class		**	429,593
T. Rowe Price Retirement 2040 Fund - R Class		**	562,564
T. Rowe Price Retirement 2045 Fund - R Class		**	319,874
T. Rowe Price Retirement 2050 Fund - R Class		**	433,946
T. Rowe Price Retirement 2055 Fund - R Class		**	121,622
T. Rowe Price Retirement Income Fund - R Class		**	27,396
Vanguard 500 Index Fund - Signal Shares		**	<u>593,573</u>
Total mutual funds			<u>10,646,922</u>
* Participant loans - various maturities (4.25% - 8.25%)		\$ -	<u>546,611</u>
			\$ <u><u>14,836,686</u></u>

* Party-in-interest.

** Cost information is not required to be disclosed since investment is participant directed.

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
The Axxess Financial 401(k) Plan
EIN#-31-1485652
Plan#001
As Of December 31, 2012

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
American Funds Amer Mtual R2	Registered Investment Company		\$508,448
American Funds EuroPacific R2	Registered Investment Company		\$653,243
American Funds Fdmntl Inv R2	Registered Investment Company		\$83,279
BlkRck Liquid TempFund CM	Registered Investment Company		\$106,409
Eagle Small Cap Growth Fund R3	Registered Investment Company		\$18,923
* ING AmCen Sm-MdCp VI Pt Adv	Registered Investment Company		\$598,406
* ING Clarion RI Estate Prt Adv	Registered Investment Company		\$409,283
* ING FMR Divr MdCp Port Adv	Registered Investment Company		\$370,532
* ING JPM Emrg Mkts Eq Port Adv	Registered Investment Company		\$178,153
* ING Large Cap Growth Port Adv	Registered Investment Company		\$2,308,181
* ING PIMCO High Yield Port Adv	Registered Investment Company		\$427,811
* ING Stable Value Fund 145	Common Collective Trust		\$3,643,153
* ING TRwPr Cap Apprec Port Adv	Registered Investment Company		\$664,489
Invesco MdCp Core Eqty Fnd R	Registered Investment Company		\$16,243
Loomis Sayles Inv Grd Bd F Adm	Registered Investment Company		\$503,090
Lord Abbett SmCp Value Fnd R3	Registered Investment Company		\$349,376
MFS Intl New Discovery Fnd R2	Registered Investment Company		\$295,963
Perkins Mid Cap Value Fund R	Registered Investment Company		\$17,571
TRwPr Retirement 2005 Fund R	Registered Investment Company		\$22,071
TRwPr Retirement 2010 Fund R	Registered Investment Company		\$36,454
TRwPr Retirement 2015 Fund R	Registered Investment Company		\$67,053
TRwPr Retirement 2020 Fund R	Registered Investment Company		\$154,331
TRwPr Retirement 2025 Fund R	Registered Investment Company		\$231,173
TRwPr Retirement 2030 Fund R	Registered Investment Company		\$137,872
TRwPr Retirement 2035 Fund R	Registered Investment Company		\$429,593
TRwPr Retirement 2040 Fund R	Registered Investment Company		\$562,564
TRwPr Retirement 2045 Fund R	Registered Investment Company		\$319,874
TRwPr Retirement 2050 Fund R	Registered Investment Company		\$433,946
TRwPr Retirement 2055 Fund R	Registered Investment Company		\$121,622
TRwPr Retirement Inc Fund R	Registered Investment Company		\$27,398
Vangrd 500 Index Fund Sig	Registered Investment Company		\$593,573
Participant Loans - Rates 3.25% to 8.25%	Registered Investment Company		\$546,611
TOTAL			\$14,836,686

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

The Axxcess Financial 401(k) Plan

Financial Statements and Supplemental Schedule

December 31, 2012 and 2011

(with Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants in
The Axxess Financial 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the The Axxess Financial 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related 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

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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by ING National Trust and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that ING National Trust held the Plan's investment assets and executed investment transactions from December 28, 2011 to December 31, 2012, and that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2011 to December 27, 2011. The plan administrator has obtained a certification from the trustees as of and for the year ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

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



Cincinnati, Ohio
October 1, 2013

The Axxess Financial 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments at fair value:		
Interest in common/collective trust	\$ 3,643,153	3,420,816
Mutual funds	<u>10,646,922</u>	<u>8,144,261</u>
Total investments	<u>14,290,075</u>	<u>11,565,077</u>
Receivables:		
Notes receivable from participants	546,611	553,100
Transfer in of assets from merged plan (Note 3)	513,890	-
Participant contributions	91,983	175,161
Employer contributions	<u>41,740</u>	<u>87,990</u>
Total receivables	<u>1,194,224</u>	<u>816,251</u>
Net assets available for benefits	\$ <u>15,484,299</u>	<u>12,381,328</u>

See accompanying notes to the financial statements.

The Axxess Financial 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions:		
Contributions:		
Employer contributions	\$ 1,071,161	1,064,934
Participant contributions	2,063,348	2,107,658
Rollover contributions	<u>21,188</u>	<u>21,372</u>
Total contributions	<u>3,155,697</u>	<u>3,193,964</u>
Investment income:		
Net appreciation in fair value of investments	1,175,543	-
Interest and dividends	<u>251,998</u>	<u>96,291</u>
Total investment income	<u>1,427,541</u>	<u>96,291</u>
Interest income on notes receivable from participants	<u>32,658</u>	<u>32,017</u>
Total additions	<u>4,615,896</u>	<u>3,322,272</u>
Deductions:		
Benefits paid to participants	1,998,166	1,853,661
Net depreciation in fair value of investments	-	345,131
Administrative expenses	<u>28,649</u>	<u>115,917</u>
Total deductions	<u>2,026,815</u>	<u>2,314,709</u>
Net increase in net assets	2,589,081	1,007,563
Transfer of assets to the Plan from the Allied Cash Holdings, LLC Employees Savings Trust	513,890	-
Net assets available for benefits:		
Beginning of year	<u>12,381,328</u>	<u>11,373,765</u>
End of year	\$ <u>15,484,299</u>	<u>12,381,328</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of The Access Financial 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information and a description of the Plan's provisions.

General

The Plan is a defined contribution plan available to all employees of Axxess Financial Services, Inc. (the "Employer" or the "Company") who have met certain age and service requirements, as defined. The Employer controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year participants may make elective deferral contributions to the Plan on a pretax basis subject to certain Internal Revenue Code (IRC) limitations. Participants are automatically enrolled in the Plan at a 3% deferral rate until they affirmatively select another deferral amount or percentage. Participants who have been automatically enrolled in the Plan also automatically have their deferral increased by 1% annually up to a total deferral of 6% unless they affirmatively select another deferral amount or percentage. The Employer makes discretionary matching contributions, safe harbor contributions and discretionary profit sharing contributions to the Plan, as defined. Beginning January 1, 2010, the Plan was amended to provide non-discretionary matching contributions of 100% of the first 1% of qualified wages contributed by a participant to the Plan and 50% of the salary deferrals between 2% and 6% of each participant's compensation. Such contributions are allocated to each participant in proportion to his or her compensation for the Plan year while a participant. Participants may also contribute amounts representing distributions from other qualified plans.

Participant accounts

Each participant's account is credited with the participant's contributions, Employer matching contributions and an allocation of Employer discretionary contributions, forfeitures and Plan earnings and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. Allocations of administrative expenses are based on a fixed fee per participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participant contributions vest immediately and cannot be forfeited for any reason. Participant contributions include any elective deferrals, qualified nonelective contributions, voluntary contributions, rollover contributions and transfer contributions, plus or minus any earnings or losses. Vesting in Employer contributions (discretionary and matching contributions) is based on years of continuous service. For Employer contributions, participants are immediately 100% vested, unless they are auto enrolled. Participants that are auto enrolled will vest in employer safe harbor contributions after two years of service. Participants become fully vested, regardless of the vesting scale, upon attainment of age 59 1/2, upon retirement due to disability, upon death, or upon termination of the Plan. Vesting in Employer contributions (safe harbor) is based on years of continuous service.

Notes receivable from participants

Active participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested interest in the Plan, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with rates currently being charged by commercial lenders for loans made under similar circumstances and shall be at least 1% over the prime rate. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability, or normal retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, prior to termination from employment, a participant may withdraw all or a portion of his vested account balance upon attaining age 59 1/2 or via financial hardship withdrawal, if certain requirements are satisfied. In the event of a participant's death, payment will be made to designated beneficiaries. 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, or rollover their vested amounts to another qualified retirement account.

Forfeited accounts

At December 31, 2012 and 2011, forfeited non-vested accounts amounted to \$170,151 and \$88,097, respectively. At the discretion of the Company, forfeitures may be used to pay administrative expenses of the Plan. Any remaining amounts may be used to reduce future Company contributions. During the years ended December 31, 2012 and 2011, \$0 and \$41,663 of forfeitures were used to reduce Employer matching contributions to the Plan, respectively. During the years ended December 31, 2012 and 2011, \$7,000 and \$62,306, respectively, of forfeitures were used to pay Plan administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**Basis of accounting**

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

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. The Plan invests in investment contracts through a common/collective trust. Professional standards require that the statements of net assets available for benefits present the fair value of the investment in the common/collective trust. However, fair value approximates the contract value. As such, no such adjustment is deemed necessary at December 31, 2012 and 2011. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefit payments are recorded when paid.

Expenses

Certain administrative expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative expenses of maintaining the Plan are paid from the forfeitures account and are included from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition of disclosure in the financial statements. The accompanying financial statements consider events through October 1, 2013 the date on which the financial statements were available to be issued.

3. PLAN MERGER:

During 2012, Allied Cash Holdings, LLC was acquired by the Company and its defined contribution plan, the Allied Cash Holdings, LLC Employee Savings Trust, was merged into the Plan on December 31, 2012. On the date of the merger, net assets available for benefits transferred in were \$513,890. These funds were in transit as of December 31, 2012 and are shown as a Plan receivable at year end.

4. INVESTMENTS:

The Plan provides for participant directed investment programs. Investments of employee contributions and related employer contributions are made into various funds in accordance with each participant's election.

The following presents investments that represent 5 percent or more of the Plan's net assets available for benefits as of December 31:

	<u>2012</u>	<u>2011</u>
ING Stable Value Fund 145	\$ 3,643,153	3,420,816
ING Large Cap Growth Portfolio – Adviser Class	2,308,181	1,929,320

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) as follows:

	<u>2012</u>	<u>2011</u>
Money market and mutual funds	\$ 1,144,452	(345,875)
Common/collective trusts	<u>31,091</u>	<u>744</u>
Net appreciation (depreciation) in fair value of investments	\$ <u>1,175,543</u>	<u>(345,131)</u>

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
 If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Common/collective trust: Valued at the NAV of units of the common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common/collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidated will be carried out in an orderly business manner.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

<u>Fair Value Measurements at Reporting Date</u>				
<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust	\$ 3,643,153	-	3,643,153	-
Mutual funds:				
Target date	2,516,553	2,516,553	-	-
Large growth	2,308,181	2,308,181	-	-
Large blend	676,852	676,852	-	-
Moderate allocation	664,489	664,489	-	-
Foreign large blend	653,243	653,243	-	-
Mid-cap value	615,977	615,977	-	-
Large value	508,448	508,448	-	-
Intermediate-term bond	503,090	503,090	-	-
High yield bond	427,811	427,811	-	-
Real estate	409,283	409,283	-	-
Mid-cap growth	370,532	370,532	-	-
Small blend	349,376	349,376	-	-
Foreign small/mid growth	295,963	295,963	-	-
Other	<u>347,124</u>	<u>347,124</u>	-	-
Total mutual funds	<u>10,646,922</u>	<u>10,646,922</u>	-	-
Total investments at fair value	\$ <u>14,290,075</u>	<u>10,646,922</u>	<u>3,643,153</u>	-

<u>Fair Value Measurements at Reporting Date</u>				
<u>December 31, 2011</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust	\$ 3,420,816	-	3,420,816	-
Mutual funds:				
Large growth	1,929,320	1,929,320	-	-
Target date	1,408,482	1,408,482	-	-
Foreign large blend	589,595	589,595	-	-
Moderate allocation	579,903	579,903	-	-
Large blend	495,628	495,628	-	-
Small blend	374,361	374,361	-	-
Large value	457,043	457,043	-	-
Mid-cap value	472,862	472,862	-	-
Intermediate-term bond	487,967	487,967	-	-
Mid-cap growth	360,783	360,783	-	-
Real estate	368,949	368,949	-	-
Foreign small/mid growth	199,272	199,272	-	-
Other	<u>420,096</u>	<u>420,096</u>	-	-
Total mutual funds	<u>8,144,261</u>	<u>8,144,261</u>	-	-
Total investments at fair value	\$ <u>11,565,077</u>	<u>8,144,261</u>	<u>3,420,816</u>	-

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011:

<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust – stable value	\$3,643,153	n/a	Daily	Daily

<u>December 31, 2011</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust – stable value	\$3,420,816	n/a	Daily	Daily

6. INFORMATION CERTIFIED BY THE PLAN TRUSTEES:

All Plan investments held at December 31, 2012 were certified by the trustee, ING National Trust, as complete and accurate. All of the investment activity on the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2012, were certified as complete and accurate by the trustee, as was the net appreciation in fair value of investments.

The Plan changed trustees to ING National Trust effective January 1, 2012. However, funds were transferred to ING on December 28, 2011 and were invested prior to December 31, 2011. A certification on the investments and related investment income was not obtained for the period December 28, 2011 to December 31, 2011 as the effective date of the contract between ING and the plan sponsor was January 1, 2012. As such, the Plan's independent auditors performed certain auditing procedures in accordance with accounting principles generally accepted in the United States of America to the investments and related investment loss from December 28, 2011 through December 31, 2011. Total investments at December 31, 2011 were \$11,565,077 and total investment loss from December 28, 2011 through December 31, 2011 was \$14,172, neither of which were certified.

All Plan investments and investment activity from January 1, 2011 to December 27, 2011 was certified by the previous trustee, Fidelity Management Trust Company, as complete and accurate.

7. RELATED PARTY TRANSACTIONS:

Certain Plan investments held as of December 31, 2012 are shares of funds managed by ING North America, a related party of ING National Trust, the current trustee. Certain Plan investments held as of December 31, 2011 were shares of funds managed by Fidelity Management Trust Company, the prior trustee. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments as they are paid through revenue sharing, rather than a direct payment.

8. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer reserves the right to discontinue its contributions to the Plan at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, participants will become fully vested to the extent they are not already vested.

9. INCOME TAX STATUS:

In an opinion letter dated March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under IRC Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, 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 and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

10. RISKS AND UNCERTAINTIES:

The Plan invests in various investment 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participant account balances and the amounts reported in the statements of net assets available for benefits.

11. RECONCILIATION TO FORM 5500:

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

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$ 15,484,299	12,381,328
Less: Transfer in of assets from merged plan	(513,890)	-
Less: Employer contributions receivable	(41,740)	(87,990)
Less: Participant contributions receivable	<u>(91,983)</u>	<u>(175,161)</u>
Net assets available for benefits per the Form 5500	\$ <u>14,836,686</u>	<u>12,118,177</u>

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

	<u>2012</u>
Net increase in net assets per the financial statements	\$ 3,102,971
Less: Transfer in of assets from merged plan	(513,890)
Less: Change in employer contributions receivable	46,250
Less: Change in participant contributions receivable	<u>83,178</u>
Net income per the Form 5500	\$ <u>2,718,509</u>

The Access Financial 401(k) Plan
 EIN: 31-1481590 Plan No. 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2012

(b),(c) Identity of Issue, Borrower, Lessor or Similar Party and Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
(a)			
Common/collective trust:			
* ING Stable Value Fund 145		**	\$ <u>3,643,153</u>
Mutual funds:			
American Funds American Mutual Fund - Class R-2		**	508,448
American Funds EuroPacific Growth Fund - Class R-2		**	653,243
American Funds Fundamental InvestorsSM - Class R-2		**	83,279
BlackRock Liquidity Temp Fund - CM		**	106,409
Eagle Small Cap Growth Fund - Class R3		**	18,923
* ING American Century Small-Mid Cap Value Portfolio - Adviser		**	598,406
* ING Clarion Real Estate Portfolio - Adviser Class		**	409,283
* ING FMR Diversified Mid Cap Portfolio - Adviser Class		**	370,532
* ING JPMorgan Emerging Markets Equity Portfolio - Adviser		**	178,153
* ING Large Cap Growth Portfolio - Adviser Class		**	2,308,181
* ING PIMCO High Yield Portfolio - Adviser Class		**	427,811
* ING T. Rowe Price Capital Appreciation Portfolio - Adviser		**	664,489
Invesco Mid Cap Core Equity Fund - Class R		**	16,243
Loomis Sayles Investment Grade Bond Fund - Admin Class		**	503,090
Lord Abbett Small Cap Value Fund - Class R3		**	349,376
MFS International New Discovery Fund - Class R2		**	295,963
Perkins Mid Cap Value Fund - Class R		**	17,571
T. Rowe Price Retirement 2005 Fund - R Class		**	22,071
T. Rowe Price Retirement 2010 Fund - R Class		**	36,454
T. Rowe Price Retirement 2015 Fund - R Class		**	67,053
T. Rowe Price Retirement 2020 Fund - R Class		**	154,331
T. Rowe Price Retirement 2025 Fund - R Class		**	231,173
T. Rowe Price Retirement 2030 Fund - R Class		**	137,872
T. Rowe Price Retirement 2035 Fund - R Class		**	429,593
T. Rowe Price Retirement 2040 Fund - R Class		**	562,564
T. Rowe Price Retirement 2045 Fund - R Class		**	319,874
T. Rowe Price Retirement 2050 Fund - R Class		**	433,946
T. Rowe Price Retirement 2055 Fund - R Class		**	121,622
T. Rowe Price Retirement Income Fund - R Class		**	27,396
Vanguard 500 Index Fund - Signal Shares		**	<u>593,573</u>
Total mutual funds			<u>10,646,922</u>
* Participant loans - various maturities (4.25% - 8.25%)		\$ -	<u>546,611</u>
			\$ <u><u>14,836,686</u></u>

* Party-in-interest.

** Cost information is not required to be disclosed since investment is participant directed.