

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

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>05/01/2012</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>SOFTSCRIPT, INC. 401(K) PROFIT SHARING 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>05/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/2005</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SOFTSCRIPT, INC.</u> <u>2444 WILSHIRE BLVD, STE 280</u> <u>SANTA MONICA, CA 90403-5814</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-4800745</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>310-451-2110</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-4800745</u>	2c Sponsor's telephone number <u>310-451-2110</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>95-4800745</u>					
2c Sponsor's telephone number <u>310-451-2110</u>					
2d Business code (see instructions) <u>541990</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	09/20/2013 Date	HOWARD WISNICKI, PRESIDENT Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	09/20/2013 Date	HOWARD WISNICKI, PRESIDENT 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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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		5 237
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	207
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	15
d Subtotal. Add lines 6a , 6b , and 6c	6d	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	51
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 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) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
--	---	---

For calendar plan year 2012 or fiscal plan year beginning **05/01/2012** and ending **12/31/2012**

A Name of plan SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOFTSCRIPT, INC.	D Employer Identification Number (EIN) 95-4800745	

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION CENTRAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0472910	80837	E711891	51	05/01/2012	12/31/2012

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

(a) Total amount of commissions paid <div style="text-align: right;">885</div>	(b) Total amount of fees paid <div style="text-align: right;">0</div>
--	---

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

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

ARNOLD PRICE
PRICE, RAFFEL AND ASSOCIATES
1990 S. BUNDY DR, SUITE 410
LOS ANGELES, CA 90025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
885			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	550834

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions		7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions		7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2012</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	---

For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 12/31/2012

A Name of plan SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SOFTSCRIPT, INC.	D Employer Identification Number (EIN) 95-4800745	

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: UCL SEPARATE ACCOUNT G

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE CO

c EIN-PN 31-0472910-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 550834
--	--	--

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)
-----------------	----------------------	---

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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>05/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>SOFTSCRIPT, INC. 401(K) PROFIT SHARING 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>SOFTSCRIPT, INC.</u>	D Employer Identification Number (EIN) <u>95-4800745</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	0	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)	7334	36648
	(3) Other.....	1b(3)	201	399
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
	(2) U.S. Government securities.....	1c(2)	0	
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	
	(B) All other.....	1c(3)(B)	0	
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	
	(B) Common	1c(4)(B)	0	
	(5) Partnership/joint venture interests	1c(5)	0	
	(6) Real estate (other than employer real property)	1c(6)	0	
	(7) Loans (other than to participants)	1c(7)	0	
	(8) Participant loans	1c(8)	15269	10389
	(9) Value of interest in common/collective trusts.....	1c(9)	0	
	(10) Value of interest in pooled separate accounts.....	1c(10)	536984	550834
	(11) Value of interest in master trust investment accounts	1c(11)	0	
	(12) Value of interest in 103-12 investment entities	1c(12)	0	
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	
	(15) Other	1c(15)	0	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	559788	598270

Liabilities

g Benefit claims payable	1g	47651	38572
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	47651	38572

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	512137	559698
---	-----------	--------	--------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	58294	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		58294
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)	289	
(F) Other	2b(1)(F)	198	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		487
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		21253
(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)		30
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		80064

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16517	
(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)		16517
f Corrective distributions (see instructions)	2f		12418
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2859	
(3) Investment advisory and management fees	2i(3)	709	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3568
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32503

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		47561
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: KIRSCH KOHN & BRIDGE LLP

(2) EIN: 95-3404284

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		61211
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		60000
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.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 12/31/2012

A Name of plan <u>SOFTSCRIPT, INC. 401(K) PROFIT SHARING 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>SOFTSCRIPT, INC.</u>	D Employer Identification Number (EIN) <u>95-4800745</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0472910</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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

**Financial Statements
with Independent Auditor's Report**

December 31, 2012

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Financial Statements
December 31, 2012

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits As of December 31, 2012 and April 30, 2012	3
Statement of Changes in Net Assets Available for Benefits for the Eight Months Ended December 31, 2012	4
Notes to Financial Statements	5 - 12
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2012	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions For the Eight Months Ended December 31, 2012	15
Schedules not included with this additional financial data have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
SoftScript, Inc. 401(k) Profit Sharing Plan
Santa Monica, California

Report on the Financial Statements

We were engaged to audit the accompanying statements of net assets available for benefits of SoftScript, Inc. 401(k) Profit Sharing Plan (the Plan), as of December 31, 2012 and April 30, 2012, the related statement of changes in net assets available for benefits for the eight months ended December 31, 2012, and the supplemental schedules as of December 31, 2012 pursuant to the Department of Labor rules and regulations.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Union Central, the custodian, except for comparing such information with the related information included in the 2012 financial statements and supplemental schedules. We have been informed by the Plan administrator that Union Central holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Union Central as of and for the eight months ended December 31, 2012 that the information provided to the Plan administrator by Union Central is complete and accurate.

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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Delinquent Participant Contributions, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kirsch, Kohn & Bridge LLP

Encino, California
August 27, 2013

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2012 and April 30, 2012

	<u>December 31,</u> <u>2012</u>	<u>April 30,</u> <u>2012</u>
ASSETS		
Investments:		
Fair value of interest in pooled separate accounts	\$ 550,834	\$ 536,984
Receivables:		
Notes receivable from participants	10,389	15,269
Participants' contribution	36,648	7,334
Other receivables	<u>399</u>	<u>201</u>
TOTAL ASSETS	598,270	559,788
LIABILITIES		
Excess participants' contributions and related earnings	<u>38,572</u>	<u>47,651</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 559,698</u>	<u>\$ 512,137</u>

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Eight Months Ended December 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO

Investment income:

Net appreciation in fair value of investments \$ 21,283

Interest on notes receivable from participants 289

Other income 198

Contributions:

Participants' 58,294

TOTAL ADDITIONS 80,064

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants 16,517

Corrective distributions 12,418

Administrative expenses 3,568

TOTAL DEDUCTIONS 32,503

NET INCREASE 47,561

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF PERIOD 512,137

END OF PERIOD \$ 559,698

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

1. DESCRIPTION OF THE PLAN

The following description of SoftScript, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of eligible service and are 21 years of age or older, as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each participant may elect to defer a percentage of his or her compensation up to the maximum allowed under the appropriate provisions of the Internal Revenue Code (IRC). Participants may also rollover their benefits from other qualified plans.

The Company may make matching contributions at its sole discretion. The Company may also make discretionary profit sharing contributions. Participants are eligible to receive profit sharing contributions after completing one year of service for the Company. The Company's profit sharing contribution is allocated on a pro-rata formula based on the ratio that each participant's compensation for the Plan year bears to the total compensation of all participants for the Plan year. There were no matching or profit sharing contributions made during the eight months ended December 31, 2012.

C. Participant accounts

Each participant's account is increased or decreased with participant contributions, Company contributions, rollovers from other plans and allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is dependent on the participant's vested account balance.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

1. DESCRIPTION OF THE PLAN (CONTINUED)

D. Vesting

The Plan provides for the following vesting of a participant's Company contributions account balances:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0 %
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Participant elective contributions are 100% vested at all times.

E. Forfeited accounts

Amounts forfeited by former participants who were not fully vested in the Plan will first be used to restore any participant's forfeited account balance upon re-employment, then may be used to pay the administrative expenses of the Plan or supplement the Company contributions. There was no forfeiture balance as of December 31, 2012.

F. Benefits

Upon termination of service or otherwise becoming eligible to receive benefits, participants will receive a lump-sum amount equal to the value of their vested account.

G. Investment options

All investments are held in trust and were invested in pooled separate accounts at December 31, 2012. Each participant chooses how their contributions and respective account balances are to be allocated among the various investments through a participant-directed investment program. Union Central Life Insurance Company, Custodian of the Plan (the Custodian) (deemed to be a party-in-interest), held the Plan's investment assets and executed investment transactions as of and during the eight months ended December 31, 2012 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

1. DESCRIPTION OF THE PLAN (CONTINUED)

H. Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Note terms range from one to five years unless the note proceeds will be used to purchase a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Wall Street Journal's Prime Rate plus 1%. Principal and interest is paid ratably through payroll deductions.

I. Administrative expenses

Third party administrative expenses are paid by the Company while investment, loan and disbursement fees are paid through the Plan.

J. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan will be distributed as prescribed by ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

B. Investments

The Plan's investments are stated 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 8 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Notes receivable from participants

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

D. Payment of benefits

Benefits are recorded when paid.

E. Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

F. Concentration of credit risk

The Plan has exposure to credit risk to the extent that its investments are subject to market fluctuations that may materially affect the value of the investment balances.

3. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31 and April 30, 2012:

	<u>12/31/12</u>	<u>4/30/12</u>
Calvert VP S&P 500 Index	\$ 132,252	\$ 146,894
T. Rowe Price Retirement 2020	89,575	79,799
Calvert High Yield	55,525	49,509
Calvert VP EAFE Int. Index	46,462	50,042
Calvert Cash Reserve Inst. Prime Fund	33,291	33,270
T. Rowe Price Retirement 2010	29,726	28,237

During the eight months ended December 31, 2012, the Plan's pooled separate accounts investments (including investments bought, sold, and held during the year) appreciated in value by \$21,283.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

4. UNAUDITED INFORMATION PROVIDED BY CUSTODIAN

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedules that were provided by Union Central and furnished to the Plan administrator. The Plan administrator has obtained certifications from Union Central that the following information is complete and accurate:

- (a) The fair value of investments as of December 31, 2012 and April 30, 2012 was \$550,834 and \$536,984, respectively.
- (b) Net appreciation in fair value of investments and interest for the eight months ended December 31, 2012 was \$21,283.
- (c) Interest income on notes receivable from participants for the eight months ended December 31, 2012 was \$289.

5. INCOME TAX STATUS

The Internal Revenue Service (IRS) has yet to make a determination that the Plan and related trust are designed in accordance with applicable sections of the IRC. However, the Plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to April 30, 2009.

6. CHANGE IN YEAR END

The Plan Sponsor changed the Plan's year end from April 30 to December 31. The December 31, 2012 amounts represent activity from May 1, 2012 through December 31, 2012.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

7. RELATED PARTY

The Plan Sponsor trustee is a participant of the Plan.

8. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 for 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.

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

8. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the user of unobservable inputs.

The 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.

Pooled separate accounts/Mutual funds: Valued at the net asset value of the shares held by the plan at year end.

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

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2012

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Bonds	\$ -	\$ 79,131	\$ -	\$ 79,131
Real estate	-	14,759	-	14,759
Large value	-	12,596	-	12,596
Large blend	-	143,973	-	143,973
Large growth	-	12,811	-	12,811
Mid value	-	9,451	-	9,451
Mid blend	-	13,243	-	13,243
Mid growth	-	2,359	-	2,359
Small growth	-	3,480	-	3,480
Large cap international	-	60,343	-	60,343
Money market	-	33,291	-	33,291
World stock	-	21,446	-	21,446
Target date funds	-	143,951	-	143,951
Total pooled separate accounts	\$ -	\$ 550,834	\$ -	\$ 550,834

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2012

8. FAIR VALUE MEASUREMENTS (CONTINUED)**Investments at Fair Value as of April 30, 2012**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Bonds	\$ -	\$ 71,151	\$ -	\$ 71,151
Real estate	-	14,434	-	14,434
Large value	-	12,841	-	12,841
Large blend	-	156,566	-	156,566
Large growth	-	25,363	-	25,363
Mid value	-	11,767	-	11,767
Mid blend	-	11,892	-	11,892
Mid growth	-	3,104	-	3,104
Small growth	-	6,119	-	6,119
Large cap international	-	50,042	-	50,042
Money market	-	33,270	-	33,270
World stock	-	18,068	-	18,068
Target date funds	-	<u>122,367</u>	-	<u>122,367</u>
Total pooled separate accounts	\$ <u>-</u>	\$ <u>536,984</u>	\$ <u>-</u>	\$ <u>536,984</u>

9. NON-EXEMPT TRANSACTIONS

During the eight months ending December 31, 2012, the Company failed to remit participant salary deferrals aggregating \$58,294 and participant loan repayments aggregating \$2,917, to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions. The Company intends to pay all fines imposed resulting from these late remittances. See attached supplemental schedule of delinquent participant contributions. The Company used guidelines issued by the Internal Revenue Services to compensate participants for the lost income resulting from the delay in remitting the contributions. The lost income thus calculated aggregated to \$198, is included in the employee contribution receivable and was deposited with the Plan trustee in July 2013. The Company believes that these non-exempt transactions do not affect the tax status determination of the Plan.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 27, 2013, which is the date the financial statements were available to be issued.

**SCHEDULES PROVIDED PURSUANT TO THE
DEPARTMENT OF LABOR'S RULES AND REGULATIONS**

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
 EIN: 95-4800745 Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	American Century	American Century Equity Income		\$ 9,081
	American Century	American Century Growth		1,696
	American Century	American Century Int. Growth		13,881
	American Century	American Century Heritage		949
	American Funds	American Funds Fundamental Investors		11,721
	Baron	Baron Small Cap		3,185
	Calvert	Calvert Cash Reserves Inst. Prime Fund		33,291
	Calvert	Calvert Government		11,061
	Calvert	Calvert High Yield		55,525
	Calvert	Calvert Income Fund		4,405
	Calvert	Calvert Large Cap Value Fund		3,515
	Calvert	Calvert VP EAFE Int. Index		46,462
	Calvert	Calvert VP S&P 500 Index		132,252
	Calvert	Calvert VP S&P MidCap 400 Index		13,243
	Morgan Stanley	Morgan Stanley IF US Real Estate		14,759
	Neuberger Berman	Neuberger Berman Genesis		1,410
	Neuberger Berman	Neuberger Berman Guardian		7,287
	Neuberger Berman	Neuberger Berman Socially Responsive		717
	Oppenheimer	Oppenheimer Global Securities		21,446
	PIMCO	PIMCO Total Return		8,140
	Royce	Royce Total Return		295
	T. Rowe Price	T. Rowe Blue Chip Growth		3,111
	T. Rowe Price	T. Rowe Price Mid Cap Value		9,451
	T. Rowe Price	T. Rowe Price Retirement 2010		29,726
	T. Rowe Price	T. Rowe Price Retirement 2020		89,575
	T. Rowe Price	T. Rowe Price Retirement 2030		10,644
	T. Rowe Price	T. Rowe Price Retirement 2040		<u>14,006</u>
	Total investments			550,834
*	Notes receivable from participants			<u>10,389</u>
				<u>\$ 561,223</u>

Note: * Represents party-in-interest

** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

EIN 95-4800745 PN 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Eight Months Ended December 31, 2012

Total that Constitute Nonexempt Prohibited Transactions

<u>Participant Contribution Transferred Late to Plan</u>		<u>Date Remitted</u>	<u>Check here if Late Participant Loan Repayments are Included</u>	<u>Contributions</u>		<u>Contributions Pending Correction under VFCP</u>	<u>Totally Fully Corrected Under VFCP and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>			<u>Not Corrected</u>	<u>Corrected Outside of VFCP</u>		
\$ 2,842	5/7/12	6/29/12	☒	\$ -	\$ 2,842	\$ -	\$ -
2,750	5/21/12	6/29/12	☒	-	2,750	-	-
2,834	6/6/12	7/9/12	☒	-	2,834	-	-
2,425	6/21/12	7/9/12	☒	-	2,425	-	-
2,412	7/6/12	8/2/12	☒	-	2,412	-	-
38	7/6/12	5/6/13	☒	-	38	-	-
2,007	7/19/12	8/31/12	☒	-	2,007	-	-
306	7/19/12	5/6/13	☒	-	306	-	-
2,234	8/7/12	8/31/12	☒	-	2,234	-	-
340	8/7/12	5/6/13	☒	-	340	-	-
2,228	8/21/12	9/10/12	☒	-	2,228	-	-
3	8/21/12	5/6/13	☒	-	3	-	-
2,446	9/6/12	5/6/13	☒	-	2,446	-	-
2,288	9/21/12	12/7/12	☒	-	2,288	-	-
2,314	10/5/12	10/16/12	☒	-	2,314	-	-
2,371	10/19/12	12/7/12	☒	-	2,371	-	-
2,312	11/7/12	1/7/13	☒	-	2,312	-	-
25	11/7/12	5/6/13	☒	-	25	-	-
2,219	11/21/12	1/7/13	☒	-	2,219	-	-
25	11/21/12	5/6/13	☒	-	25	-	-
2,017	12/7/12	1/14/13	☒	-	2,017	-	-
25	12/7/12	5/6/13	☒	-	25	-	-
2,250	12/21/12	1/14/13	☒	-	2,250	-	-
11,000	12/21/12	1/29/13	☒	-	11,000	-	-
11,500	12/30/12	1/29/13	☒	-	11,500	-	-
<u>\$ 61,211</u>				<u>\$ -</u>	<u>\$ 61,211</u>	<u>\$ -</u>	<u>\$ -</u>

See accompanying independent auditors' report
and notes to financial statements

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(a), 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 <div style="font-size: 24pt; font-weight: bold;">2012</div> This Form is Open to Public Inspection
---	---	--

Part I Annual Report Identification Information	
For calendar plan year 2012 or fiscal plan year beginning <u>05/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan; ☒ a single-employer plan; </div> <div> ☐ a multiple-employer plan; or ☐ a DFE (specify) _____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report; ☐ an amended return/report; </div> <div> ☐ the final return/report; ☒ a short plan year return/report (less than 12 months). </div> </div>	
C If the plan is a collectively-bargained plan, check here ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between;"> ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____ </div>	

Part II Basic Plan Information --- enter all requested information					
1a Name of plan SOFTSCRIPT, INC. 401 (K) PROFIT SHARING PLAN	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/2005</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/01/2005	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 05/01/2005					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SOFTSCRIPT, INC. 2444 WILSHIRE BLVD, STE 280 US SANTA MONICA CA 90403-5814	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 95-4800745</td> </tr> <tr> <td>2c Sponsor's telephone number (310) 451-2110</td> </tr> <tr> <td>2d Business code (see instructions) 541990</td> </tr> </table>	2b Employer Identification Number (EIN) 95-4800745	2c Sponsor's telephone number (310) 451-2110	2d Business code (see instructions) 541990	
2b Employer Identification Number (EIN) 95-4800745					
2c Sponsor's telephone number (310) 451-2110					
2d Business code (see instructions) 541990					

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		<u>9/20/13</u>	HOWARD WISNICKI, PRESIDENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/20/13</u>	HOWARD WISNICKI, PRESIDENT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ 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	237
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	207
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	15
d Subtotal. Add lines 6a, 6b, and 6c	6d	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	51
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 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) ☒ 1 A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
 EIN: 95-4800745 Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	American Century	American Century Equity Income		\$ 9,081
	American Century	American Century Growth		1,696
	American Century	American Century Int. Growth		13,881
	American Century	American Century Heritage		949
	American Funds	American Funds Fundamental Investors		11,721
	Baron	Baron Small Cap		3,185
	Calvert	Calvert Cash Reserves Inst. Prime Fund		33,291
	Calvert	Calvert Government		11,061
	Calvert	Calvert High Yield		55,525
	Calvert	Calvert Income Fund		4,405
	Calvert	Calvert Large Cap Value Fund		3,515
	Calvert	Calvert VP EAFE Int. Index		46,462
	Calvert	Calvert VP S&P 500 Index		132,252
	Calvert	Calvert VP S&P MidCap 400 Index		13,243
	Morgan Stanley	Morgan Stanley IF US Real Estate		14,759
	Neuberger Berman	Neuberger Berman Genesis		1,410
	Neuberger Berman	Neuberger Berman Guardian		7,287
	Neuberger Berman	Neuberger Berman Socially Responsive		717
	Oppenheimer	Oppenheimer Global Securities		21,446
	PIMCO	PIMCO Total Return		8,140
	Royce	Royce Total Return		295
	T. Rowe Price	T. Rowe Blue Chip Growth		3,111
	T. Rowe Price	T. Rowe Price Mid Cap Value		9,451
	T. Rowe Price	T. Rowe Price Retirement 2010		29,726
	T. Rowe Price	T. Rowe Price Retirement 2020		89,575
	T. Rowe Price	T. Rowe Price Retirement 2030		10,644
	T. Rowe Price	T. Rowe Price Retirement 2040		14,006
	Total investments			550,834
*	Notes receivable from participants			10,389
				<u>\$ 561,223</u>

Note: * Represents party-in-interest

** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
 and notes to financial statements

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 05/01/2012 and Ending 12/31/2012

Name of Plan: **SOFTSCRIPT, INC. 401(k) PROFIT SHARING PLAN**

Employer Identification Number: **95-4800745** Three-digit plan number: **001**

[illegible]