

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>AMCHECK NATIONAL 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK</u> <u>5030 E SUNRISE DR.</u> <u>PHOENIX, AZ 85044</u>	1c Effective date of plan <u>01/01/2010</u>	
	2b Employer Identification Number (EIN) <u>86-0841768</u>	
	2c Sponsor's telephone number <u>480-763-5900</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.	07/08/2014	DEAN LUCENTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1125
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	1024
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	194
d Subtotal. Add lines 6a , 6b , and 6c		6d	1218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	1218
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	421
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	13
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) ☒ <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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan AMCHECK NATIONAL 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK	D Employer Identification Number (EIN) 86-0841768	

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.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

(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
01-0233346	65838	95701	421	01/01/2013	12/31/2013

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	(b) Total amount of fees paid
56135	13936

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

WOODBURY FINANCIAL SERVICES
432 N 44TH STREET SUITE 195
PHOENIX, AZ 85008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56135		BROKER COMMISSION	3

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

ASPEN PENSION ADMINSTRATORS, INC
2651 PAN AMERICAN FWY NE SUITE B
ALBUQUERQUE, NM 87107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	13936	TPA SERVICES	5

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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	135642
c Additions: (1) Contributions deposited during the year	7c(1)	14738
(2) Dividends and credits	7c(2)	861
(3) Interest credited during the year	7c(3)	292
(4) Transferred from separate account	7c(4)	0
(5) Other (specify below)	7c(5)	2387
▶ LOAN REPAYMENTS		
(6) Total additions	7c(6)	18278
d Total of balance and additions (add lines 7b and 7c(6))	7d	153920
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4322
(2) Administration charge made by carrier	7e(2)	1186
(3) Transferred to separate account	7e(3)	211
(4) Other (specify below)	7e(4)	4217
▶ PARTICIPANT LOANS		
(5) Total deductions	7e(5)	9936
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	143984

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. ▶

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan AMCHECK NATIONAL 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK	D Employer Identification Number (EIN) 86-0841768	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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)

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>AMCHECK NATIONAL 401K PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK</u>	D Employer Identification Number (EIN) <u>86-0841768</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2010</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5882</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2015</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55694</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2020</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61626</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2025</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>226870</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2030</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>480305</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING 2035</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>183362</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVINGS 2040</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91971</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2045**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130136
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2050**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78940
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502448
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262624
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 877444
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 374463
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264354
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a Name of MTIA, CCT, PSA, or 103-12 IE: 10 YR COMP**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8093
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a Name of MTIA, CCT, PSA, or 103-12 IE: 5 YR COMP**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56001
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a Name of MTIA, CCT, PSA, or 103-12 IE: 3 YR COMP**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80043
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351418
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36722
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a Name of MTIA, CCT, PSA, or 103-12 IE: AF US GOV**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: TOT BMKT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21683
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a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETUN**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282839
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS COR BND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33234
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS TOT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50680
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS ACTIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229240
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS STR INC**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153966
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPECTRUM I**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 487726
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a Name of MTIA, CCT, PSA, or 103-12 IE: **IDX INTL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50092
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMCP GR IN****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123478
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS UTILIT****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65363
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a Name of MTIA, CCT, PSA, or 103-12 IE: **US SML CAP****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SCI TECH****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12748
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS MC ST****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39813
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS IT VL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25439
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA MCG****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34300
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTL VAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11503
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ENERGY****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196580
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a Name of MTIA, CCT, PSA, or 103-12 IE: FT GL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RTRN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48344

a Name of MTIA, CCT, PSA, or 103-12 IE: DEFAINFLPRO		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222

a Name of MTIA, CCT, PSA, or 103-12 IE: OPP INTS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13095

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7075

a Name of MTIA, CCT, PSA, or 103-12 IE: FED HIYLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47483

a Name of MTIA, CCT, PSA, or 103-12 IE: VS HIYLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28714

a Name of MTIA, CCT, PSA, or 103-12 IE: DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76123

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81950

a Name of MTIA, CCT, PSA, or 103-12 IE: BRGLBALL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181491

a Name of MTIA, CCT, PSA, or 103-12 IE: [AF AM BAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 405745
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AF CAP INB](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8100
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CAP APPRE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169267
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IVY ASSET](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219935
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a Name of MTIA, CCT, PSA, or 103-12 IE: [US EQUITY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23342
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PAR EQ INC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INV CO AM](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22121
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AF WASHNUT](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138637
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a Name of MTIA, CCT, PSA, or 103-12 IE: [BEACON](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46955
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IDX 500](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75243
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DEVELP MKT](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86045
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDLEVCO](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19036
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS INTSM](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPORTUNTU](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17808
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EMERG MK](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68505
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS NAT RRS](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS RESTS](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140339
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDADVGOLD](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3609
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LMC AGG GR](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1389
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DFA TAVA](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15280
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRBASICVAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40183

a Name of MTIA, CCT, PSA, or 103-12 IE: VAL INDX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75515

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQ INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372655

a Name of MTIA, CCT, PSA, or 103-12 IE: NY VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4099

a Name of MTIA, CCT, PSA, or 103-12 IE: FUND LCV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12089

a Name of MTIA, CCT, PSA, or 103-12 IE: VS EQINC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSINVEST		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 413

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDNEWIN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54560

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 233379

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97015

a Name of MTIA, CCT, PSA, or 103-12 IE: GRTH INDX**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18247
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a Name of MTIA, CCT, PSA, or 103-12 IE: DISCIPVAL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72278
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a Name of MTIA, CCT, PSA, or 103-12 IE: IDX TOTAL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106595
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a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MCVALU**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252871
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS ALLCPVL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SCI**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2905
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a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS CAP APP**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106332
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS MIDVAL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45381
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FUN ALLCP****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2810
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LORDVALOPP****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25383
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL VAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19428
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a Name of MTIA, CCT, PSA, or 103-12 IE: **KEEL SCV****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125997
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a Name of MTIA, CCT, PSA, or 103-12 IE: **IDX MID****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7461
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS VALUE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20504
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS BLUCP****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141400
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VS SML VAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40999
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a Name of MTIA, CCT, PSA, or 103-12 IE: **COLMIDVAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7537
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPINTGRW](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21307
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL GRTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS SM GRTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7675
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EXPLOER](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7675
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INTL GROW](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [HERITAGE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136392
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IDX SMALL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13800
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS FINANCL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20772
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS SCTEC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6430
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEW WORLD](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 436
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INC FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12474
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMCP VA IN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48119
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS SMC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ASTMIDCAP](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6353
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA MCV](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2833
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SM OPPS](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21968
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a Name of MTIA, CCT, PSA, or 103-12 IE: [HEALTH SCI](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103836
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THORN INTV](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JTTFOCUS](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SM-MD GRTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2322
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EUROPAC****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138881
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan AMCHECK NATIONAL 401K PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK		D Employer Identification Number (EIN) 86-0841768

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1061	12369
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	665
(2) Participant contributions.....	1b(2)	0	1129
(3) Other.....	1b(3)	0	
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)	287487	281228
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	0	
(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)	7523735	10188162
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	135642	144137
(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	7947925	10627690

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7947925	10627690
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	340772	
(B) Participants	2a(1)(B)	922465	
(C) Others (including rollovers)	2a(1)(C)	48322	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1311559

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)	10655	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10655

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

(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)		
(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)		1333862
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2656076

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	316512	
(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)		316512
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	18019	
(3) Investment advisory and management fees	2i(3)	56135	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		74154
j Total expenses. Add all expense amounts in column (b) and enter total	2j		390666

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2265410
l Transfers of assets:			
(1) To this plan	2l(1)		1035320
(2) From this plan	2l(2)		620965

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: ACCOUNTING & CONSULTING GROUP, LLP

(2) EIN: 85-0454285

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.)

	Yes	No	Amount
4a	X		1129
4b		X	

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

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)
SUN LAKES HOA 3 401(K) PLAN	86-0733173	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan AMCHECK NATIONAL 401K PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SIMPLIFIED BUSINESS SOLUTIONS DBA AMCHECK				D Employer Identification Number (EIN) 86-0841768	
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	0
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): 01-0233346					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

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): _____



**Accounting &
Consulting Group, LLP**
Certified Public Accountants

www.acgsw.com

AmCheck National 401(k) Plan Financial Statements December 31, 2013 and 2012

**AmCheck National 401(k) Plan
Table of Contents
December 31, 2013 and 2012**

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements	5
Supplemental Schedule:	
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)	11
Schedule H, Line 4a-Schedule of Delinquent Participant Contributions	15



Accounting & Consulting Group, LLP
Certified Public Accountants

Independent Auditor's Report

Dean Lucente, Trustee
AmCheck National 401(k) Plan
Phoenix, AZ

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AmCheck National 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 F, which was certified by John Hancock, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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) and Schedule of Delinquent Participant Contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph above, we do not express an opinion on the supplemental schedules referred 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 schedules, other than that derived from the information certified by the custodian, 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.

Accounting & Consulting Group, LLP

Accounting & Consulting Group, L.L.P.
Albuquerque, NM
June 5, 2014

AmCheck National 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Cash	\$ 12,369	\$ 1,061
Investments, at fair value	10,332,299	7,659,377
Receivables:		
Participants' Contributions	1,129	-
Employer's Contributions	665	-
Notes receivable from participants	<u>281,228</u>	<u>287,487</u>
Total Assets	<u>10,627,690</u>	<u>7,947,925</u>
 Net Assets Available for Benefits	 <u><u>\$ 10,627,690</u></u>	 <u><u>\$ 7,947,925</u></u>

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

AmCheck National 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2013

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,333,862
---	--------------

Interest income on notes receivable from participants	10,655
---	--------

Contributions:

Participant	922,465
-------------	---------

Employer	340,772
----------	---------

Rollovers	48,322
-----------	--------

Total contributions	<u>1,311,559</u>
---------------------	------------------

Transfers of assets:

Net Transfers	<u>414,355</u>
---------------	----------------

Total additions	<u>3,070,431</u>
-----------------	------------------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	316,512
-------------------------------	---------

Administrative expenses	<u>74,154</u>
-------------------------	---------------

Total deductions	<u>390,666</u>
------------------	----------------

Net increase	2,679,765
--------------	-----------

Net Assets Available for Benefits:

Beginning of year	<u>7,947,925</u>
-------------------	------------------

End of year	<u><u>\$ 10,627,690</u></u>
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The accompanying notes are an integral part of these financial statements.

AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012

A. Description of the Plan

The following description of the AmCheck National (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The plan is a multiple-employer defined contribution plan covering all employees of the participating employers. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA). Each of the participating employers has separate eligibility requirements. As of December 31, 2013, the participating employers include American Fire Equipment Sales, Compass Point Retirement Planning, Inc., G & G Distribution, Inc., Promedical, LLC, Trafficade Service, Inc., Transwest Properties, Inc., and Wee Care Corporation.
2. *Contributions.* Each year participants may contribute up to one hundred percent (100%) of their pretax annual compensation, as defined in the Plan, limited to \$17,500 for 2013. Participants aged 50 or older may elect to defer additional amounts (called "catch-up contributions"), up to \$5,500 for 2013, to the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan allows for the Company to make discretionary matching contributions to the Plan, as well as other discretionary contributions. Some of these matching contributions qualify as "safe-harbor" contributions, dependent on the participating employer's plan agreement. Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan.
3. *Participant Accounts.* Each participant's account is credited with the participant's contributions and (a) the Company's contribution, if applicable and (b) Plan earnings, and charged with an allocation of administrative expenses. The participating employers absorb all other costs of the plan. Allocations are based on participant earnings and account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. *Vesting.* Participants are vested immediately in their contributions plus actual earnings thereon. Participants are fully vested after six years of service, with 20% vesting increments beginning after two years, in the Company's contribution plus actual earnings thereon. Employer safe-harbor contributions are immediately vested at the time of contribution.
5. *Notes receivable from participants.* Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50 percent of their account balance, whichever is less. The loans will bear a reasonable interest rate.
6. *Distribution Events.* On termination of service due to death, disability, or 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.
7. *Forfeitures.* The value of non-vested accounts of terminated participants are first applied to offset plan administrative expenditures, to fund any restorations of forfeited amounts, and then, any remainder shall be used to reduce Employer contributions. The amount of forfeited nonvested accounts as of December 31, 2013 and 2012 were \$12,369 and \$1,061, respectively.

AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012

B. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value. Quoted market prices are used to value investments. Shares of mutual funds held in pooled separate accounts are valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

The Plan incurs investment management fees and costs related to the Plan's administration. These administrative fees were \$74,154 and \$50,180 for the years ended December 31, 2013 and 2012, respectively.

C. Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

	<u>December 31, 2013</u>	<u>December 31, 2012</u>
Lifestyle Fund - Balanced Portfolio	\$ 877,434	\$ 639,934
Total Return Fund	*	560,333
All Assets Fund	*	497,882
Lifestyle Fund - Conservative Portfolio	*	490,643

* Account balance did not represent 5% or more of the Plan's net assets during the year.

During 2013 the Plan's investments in registered investment companies (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,333,862.

**AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012**

D. Plan Termination.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

E. Tax Status

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 an uncertain position 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 2011.

F. Information Certified by the Custodian

The Plan investments are held by John Hancock, the Custodian, and are invested in various mutual funds as directed by the participants. The following information included in the financial statements was provided and certified by the Plan's Custodian as complete and accurate as it relates to the Plan's investments it holds:

- Investments at fair value
- Participant loans
- Investment income

G. 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 at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

H. Related-Party Transactions

Plan investments include shares of registered investment company funds managed by John Hancock. John Hancock is the custodian of the Plan and, therefore, transactions with this entity qualify as exempt party-in-interest transactions. John Hancock charges asset management fees.

I. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides 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

AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012

I. Fair Value Measurements (continued)

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 measurements (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable markets 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.

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.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The guaranteed interest accounts with John Hancock are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest accounts is determined by John Hancock using valuations for the underlying investments.

For those assets with fair value measured using Level 3 inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012

I. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

2013			
	Level 1	Level 3	Total
Mutual funds			
Lifestyle Funds	\$ 2,281,332	\$ -	\$ 2,281,332
Growth & Income Funds	1,966,088	-	1,966,088
Income Funds	1,441,253	-	1,441,253
Aggressive Growth Funds	1,432,822	-	1,432,822
Growth Funds	1,400,463	-	1,400,463
Lifecycle Funds	1,314,786	-	1,314,786
Conservative Funds	351,418	-	351,418
Total mutual funds	10,188,162	-	10,188,162
Guaranteed interest accounts	-	144,137	144,137
Total investments at fair value	\$ 10,188,162	\$ 144,137	\$ 10,332,299
2012			
	Level 1	Level 3	Total
Mutual funds			
Lifestyle Funds	\$ 1,997,219	\$ -	\$ 1,997,219
Growth & Income Funds	1,422,261	-	1,422,261
Income Funds	1,346,547	-	1,346,547
Aggressive Growth Funds	1,236,917	-	1,236,917
Growth Funds	800,664	-	800,664
Lifecycle Funds	419,191	-	419,191
Conservative Funds	300,795	-	300,795
Total mutual funds	7,523,594	-	7,523,594
Guaranteed interest accounts	-	135,783	135,783
Total investments at fair value	\$ 7,523,594	\$ 135,783	\$ 7,659,377

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2013 and 2012:

AmCheck National 401(k) Plan
Notes to the Financial Statements
December 31, 2013 and 2012

I. Fair Value Measurements (continued)

	Level 3 Assets December 31, 2013	Level 3 Assets December 31, 2012
Balance, beginning of year	\$ 135,783	\$ 117,986
Additions	15,518	18,119
Deductions	<u>(7,164)</u>	<u>(322)</u>
Balance, end of year	<u><u>\$ 144,137</u></u>	<u><u>\$ 135,783</u></u>

J. Subsequent Events

The Plan has evaluated events subsequent to December 31, 2013 that would possibly require adjustment or disclosure in these financial statements, through June 5, 2014, the date that these statements were available to be issued. There were no events identified that require adjustment or disclosure as of December 31, 2013.

K. Plan Amendments

Effective October 1, 2013, one new employer was added to the AmCheck National 401(k) Plan, Wee Care Corporation. The participating employer elected to have no employer matching provision for participating employees. No transfers in to the plan were made from Wee Care Corporation.

Effective May 16, 2013, Sun Lakes Homeowners Association #3 merged their assets out of AmCheck National 401(k) Plan into a new plan. The total assets transferred out have been included on the Statement of Changes in Net Assets Available for Benefits in the amount of \$620,965.

Transwest Properties, Inc. transferred assets into the plan from a prior custodian (Hartford Retirement Plans Group). The total assets transferred in have been included in the Statement of Changes in Net Assets Available for Benefits in the amount of \$1,035,320.

Supplemental Schedules

AmCheck National 401(k) Plan
EIN 86-0841768
Plan No. 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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
*	JOHN HANCOCK USA	10-Year Compound	**	8,093
*	JOHN HANCOCK USA	3-Year Compound	**	80,043
*	JOHN HANCOCK USA	5-Year Compound	**	56,001
*	JOHN HANCOCK USA	All Asset	**	81,950
*	JOHN HANCOCK USA	American Funds American Balanced	**	405,747
*	JOHN HANCOCK USA	American Funds Capital Income Buidler	**	8,100
*	JOHN HANCOCK USA	American Funds Washington Mutual	**	138,637
*	JOHN HANCOCK USA	Asset Mid Cap	**	6,353
*	JOHN HANCOCK USA	Beacon	**	46,955
*	JOHN HANCOCK USA	Black Rock Basic Value	**	40,183
*	JOHN HANCOCK USA	Black Rock Global Allocation	**	181,491
*	JOHN HANCOCK USA	Capital Appreciation Fund	**	169,267
*	JOHN HANCOCK USA	Cash	**	12,369
*	JOHN HANCOCK USA	Columbia Mid Cap Value	**	7,537
*	JOHN HANCOCK USA	Contrafund	**	233,380
*	JOHN HANCOCK USA	Developing Market	**	86,045
*	JOHN HANCOCK USA	DFA US Targeted Value	**	15,280
*	JOHN HANCOCK USA	DFA Inflation Protected	**	222
*	JOHN HANCOCK USA	Disciplined Value	**	72,278
*	JOHN HANCOCK USA	Discovery	**	76,123
*	JOHN HANCOCK USA	Domini Social Equity	**	2,905
*	JOHN HANCOCK USA	Emerging Markets	**	68,505
*	JOHN HANCOCK USA	Energy	**	196,580
*	JOHN HANCOCK USA	Euro Pacific Growth Fund	**	138,881
*	JOHN HANCOCK USA	Explorer	**	7,675
*	JOHN HANCOCK USA	Federal High Yield	**	47,483
*	JOHN HANCOCK USA	Fidelity Advanced Gold Fund	**	3,609
*	JOHN HANCOCK USA	Fidelity Leveraged Company	**	19,036
*	JOHN HANCOCK USA	Fidelity New Insights	**	54,560
*	JOHN HANCOCK USA	Franklin Templeton Global Bond	**	231
*	JOHN HANCOCK USA	Fundimetal All Cap Core	**	2,810
*	JOHN HANCOCK USA	Fundimetal Large Cap Value	**	12,089
*	JOHN HANCOCK USA	Global	**	25,383
*	JOHN HANCOCK USA	Global Bond	**	7,074
*	JOHN HANCOCK USA	Growth	**	97,015
*	JOHN HANCOCK USA	Growth Index	**	18,247
*	JOHN HANCOCK USA	Health Science	**	103,836

*Indicates party-in-interest

**Information not required as investments are participant-directed.

AmCheck National 401(k) Plan
EIN 86-0841768
Plan No. 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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
*	JOHN HANCOCK USA	Heritage	**	136,392
*	JOHN HANCOCK USA	Index 500	**	75,243
*	JOHN HANCOCK USA	Index International	**	50,092
*	JOHN HANCOCK USA	Index Mid	**	7,461
*	JOHN HANCOCK USA	Index Small	**	13,800
*	JOHN HANCOCK USA	Index Total	**	106,595
*	JOHN HANCOCK USA	Income Fund of America	**	12,474
*	JOHN HANCOCK USA	International Opportunities Bond	**	13,095
*	JOHN HANCOCK USA	International Opportunities Growth	**	21,307
*	JOHN HANCOCK USA	International Value Equity	**	11,503
*	JOHN HANCOCK USA	Investment Company of America	**	22,121
*	JOHN HANCOCK USA	Ivy Asset Strategy	**	219,935
*	JOHN HANCOCK USA	JP Morgan Mid Cap Value	**	252,871
*	JOHN HANCOCK USA	Keeley Small Cap Value	**	125,997
*	JOHN HANCOCK USA	Lifestyle Aggressive	**	264,354
*	JOHN HANCOCK USA	Lifestyle Balanced	**	877,445
*	JOHN HANCOCK USA	Lifestyle Conservative	**	502,448
*	JOHN HANCOCK USA	Lifestyle Growth	**	374,462
*	JOHN HANCOCK USA	Lifestyle Moderate	**	262,623
*	JOHN HANCOCK USA	LMC Aggressive Growth	**	1,390
*	JOHN HANCOCK USA	Lord Abbet Value Opportunity	**	328
*	JOHN HANCOCK USA	Massachusetts Investors	**	413
*	JOHN HANCOCK USA	Money Market	**	351,418
*	JOHN HANCOCK USA	New World	**	436
*	JOHN HANCOCK USA	New York Venture	**	4,099
*	JOHN HANCOCK USA	Opportunity	**	17,808
*	JOHN HANCOCK USA	Parnassus Equity Income	**	164
*	JOHN HANCOCK USA	PIMCO Total Return	**	282,839
*	JOHN HANCOCK USA	Real Return	**	48,344
*	JOHN HANCOCK USA	Retirement Life Through 2010	**	5,882
*	JOHN HANCOCK USA	Retirement Life Through 2015	**	55,694
*	JOHN HANCOCK USA	Retirement Life Through 2020	**	61,626
*	JOHN HANCOCK USA	Retirement Life Through 2025	**	226,870
*	JOHN HANCOCK USA	Retirement Life Through 2030	**	480,305
*	JOHN HANCOCK USA	Retirement Life Through 2035	**	183,362
*	JOHN HANCOCK USA	Retirement Life Through 2040	**	91,971
*	JOHN HANCOCK USA	Retirement Life Through 2045	**	130,136

*Indicates party-in-interest

**Information not required as investments are participant-directed.

AmCheck National 401(k) Plan
EIN 86-0841768
Plan No. 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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
*	JOHN HANCOCK USA	Retirement Life Through 2050	**	78,939
*	JOHN HANCOCK USA	Samll Value	**	19,428
*	JOHN HANCOCK USA	Science & Technology	**	12,748
*	JOHN HANCOCK USA	Short Term	**	36,722
*	JOHN HANCOCK USA	Small Cap Growth Income	**	123,478
*	JOHN HANCOCK USA	Small Cap Value Income	**	48,119
*	JOHN HANCOCK USA	Small Options	**	21,968
*	JOHN HANCOCK USA	Small-Mid Growth	**	2,322
*	JOHN HANCOCK USA	Spectrum I	**	487,725
*	JOHN HANCOCK USA	SSGA Mid Cap Growth	**	34,300
*	JOHN HANCOCK USA	SSGA Mid Cap Value	**	2,833
*	JOHN HANCOCK USA	T Rowe Price Equity	**	372,655
*	JOHN HANCOCK USA	Thornburg International Value	**	238
*	JOHN HANCOCK USA	Total Bond Market	**	21,683
*	JOHN HANCOCK USA	US Equity	**	23,342
*	JOHN HANCOCK USA	Value Index	**	75,515
*	JOHN HANCOCK USA	VS Activity	**	229,241
*	JOHN HANCOCK USA	VS Blue Chip Growth	**	141,400
*	JOHN HANCOCK USA	VS Cap Appreciation	**	106,332
*	JOHN HANCOCK USA	VS Core Bond	**	33,234
*	JOHN HANCOCK USA	VS Financial Services Fund	**	20,772
*	JOHN HANCOCK USA	VS High Yield	**	28,714
*	JOHN HANCOCK USA	VS International Small Cap	**	285
*	JOHN HANCOCK USA	VS International Value	**	25,439
*	JOHN HANCOCK USA	VS Mid Cap Stock Fund	**	39,813
*	JOHN HANCOCK USA	VS Mid Value	**	45,381
*	JOHN HANCOCK USA	VS Natural Resource Fund	**	810
*	JOHN HANCOCK USA	VS Real Est. Securities Fund	**	140,339
*	JOHN HANCOCK USA	VS Science & Technology	**	6,430
*	JOHN HANCOCK USA	VS Small Value	**	40,999
*	JOHN HANCOCK USA	VS Small Growth	**	7,675
*	JOHN HANCOCK USA	VS Strategic Income Opp Fund	**	153,966
*	JOHN HANCOCK USA	VS Total Return Fund	**	50,680

*Indicates party-in-interest

**Information not required as investments are participant-directed.

AmCheck National 401(k) Plan
EIN 86-0841768
Plan No. 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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
*	JOHN HANCOCK USA	VS Utility	**	65,363
*	JOHN HANCOCK USA	VS Value	**	20,504
*	JOHN HANCOCK USA	Participant Loans, interest rates from 4.25% - 9.25%, with maturities through 2018.		281,228
Total Assets				\$ 10,625,896

*Indicates party-in-interest

**Information not required as investments are participant-directed.

AmCheck National 401(k) Plan

EIN 86-0841768

Plan No. 003

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions	Contributions Corrected	Contributions Pending	
	Not Corrected	Outside the VFCP	Correction in VFCP	
If Late Participant Loan Repayments Are Included				
	\$ -	\$ 1,129	\$ -	\$ -
	\$ -	\$ 1,129	\$ -	\$ -

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2013** and ending **12/31/2013**

Name of plan

AmCheck National 401k Plan

Employer Identification Number

86-0841768

Three-digit
plan number

► **003**

(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
*	JOHN HANCOCK USA	VS SMC		0
*	JOHN HANCOCK USA	ASTMIDCAP		6,353
*	JOHN HANCOCK USA	SSGA MCV		2,833
*	JOHN HANCOCK USA	SM OPPS		21,968
*	JOHN HANCOCK USA	HEALTH SCI		103,836
*	JOHN HANCOCK USA	THORN INTV		238
*	JOHN HANCOCK USA	LMC AGG GR		1,389
*	JOHN HANCOCK USA	JTTFOCUS		0
*	JOHN HANCOCK USA	SM-MD GRTH		2,322
*	JOHN HANCOCK USA	EUROPAC		138,881
*	JOHN HANCOCK USA	OPINTGRW		21,307
*	JOHN HANCOCK USA	SMALL GRTH		0
*	JOHN HANCOCK USA	VS SM GRTH		7,675
*	JOHN HANCOCK USA	EXPLORER		7,675
*	JOHN HANCOCK USA	INTL GROW		0
*	JOHN HANCOCK USA	HERITAGE		136,392
*	JOHN HANCOCK USA	IDX SMALL		13,800
*	JOHN HANCOCK USA	VS FINANCL		20,772
*	JOHN HANCOCK USA	VS SCTEC		6,430
*	JOHN HANCOCK USA	NEW WORLD		436
*	JOHN HANCOCK USA	IDX INTL		50,092
*	JOHN HANCOCK USA	SMCP GR IN		123,478
*	JOHN HANCOCK USA	VAL & REST		0
*	JOHN HANCOCK USA	US SML CAP		0
*	JOHN HANCOCK USA	SCI TECH		12,748
*	JOHN HANCOCK USA	VS MC ST		39,813
*	JOHN HANCOCK USA	VS IT VL		25,439
*	JOHN HANCOCK USA	SSGA MCG		34,300
*	JOHN HANCOCK USA	INTL VAL		11,503
*	JOHN HANCOCK USA	ENERGY		196,580
*	JOHN HANCOCK USA	DEVELP MKT		86,045
*	JOHN HANCOCK USA	FIDLEVCO		19,036
*	JOHN HANCOCK USA	VS INTSM		285
*	JOHN HANCOCK USA	OPPORTUNITY		17,808
*	JOHN HANCOCK USA	EMERG MK		68,505
*	JOHN HANCOCK USA	VS NAT RES		810
*	JOHN HANCOCK USA	VS RESTS		140,339
*	JOHN HANCOCK USA	FIDADVGOLD		3,609
*	JOHN HANCOCK USA	LOANS 3.25% - 8.25% UP TO 5 YR		281,228

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2013** and ending **12/31/2013**

Name of plan

AmCheck National 401k Plan

Employer Identification Number

86-0841768

Three-digit
plan number

► **003**

(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
*	JOHN HANCOCK USA	CAP APPRE		169,267
*	JOHN HANCOCK USA	IVY ASSET		219,935
*	JOHN HANCOCK USA	US EQUITY		23,342
*	JOHN HANCOCK USA	PAR EQ INC		164
*	JOHN HANCOCK USA	INV CO AM		22,121
*	JOHN HANCOCK USA	AF WASHMUT		138,637
*	JOHN HANCOCK USA	BEACON		46,955
*	JOHN HANCOCK USA	IDX 500		75,243
*	JOHN HANCOCK USA	BRBASICVAL		40,183
*	JOHN HANCOCK USA	VAL INDX		75,515
*	JOHN HANCOCK USA	TRP EQ INC		372,655
*	JOHN HANCOCK USA	NY VENTURE		4,099
*	JOHN HANCOCK USA	FUND LCV		12,089
*	JOHN HANCOCK USA	KEEL SCV		125,997
*	JOHN HANCOCK USA	MASSINVEST		413
*	JOHN HANCOCK USA	FIDNEWIN		54,560
*	JOHN HANCOCK USA	CONTRA		233,379
*	JOHN HANCOCK USA	GROWTH		97,015
*	JOHN HANCOCK USA	GRTH INDX		18,247
*	JOHN HANCOCK USA	DISCIPVAL		72,278
*	JOHN HANCOCK USA	IDX TOTAL		106,595
*	JOHN HANCOCK USA	UTILITIES		0
*	JOHN HANCOCK USA	JPM MCVALU		252,871
*	JOHN HANCOCK USA	DFA TAVA		15,280
*	JOHN HANCOCK USA	DOMINI SOC		2,905
*	JOHN HANCOCK USA	WORLD		0
*	JOHN HANCOCK USA	VS CAP APP		106,332
*	JOHN HANCOCK USA	VS MIDVAL		45,381
*	JOHN HANCOCK USA	FUN ALLCP		2,810
*	JOHN HANCOCK USA	LORDVALOFF		328
*	JOHN HANCOCK USA	GLOBAL		25,383
*	JOHN HANCOCK USA	SMALL VAL		19,428
*	JOHN HANCOCK USA	VS UTILIT		65,363
*	JOHN HANCOCK USA	IDX MID		7,461
*	JOHN HANCOCK USA	VS VALUE		20,504
*	JOHN HANCOCK USA	VS BLUCP		141,400
*	JOHN HANCOCK USA	VS SML VAL		40,999
*	JOHN HANCOCK USA	COLMIDVAL		7,537
*	JOHN HANCOCK USA	SMCP VA IN		48,119

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Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2013** and ending **12/31/2013**

Name of plan

AmCheck National 401k Plan

Employer Identification Number

86-0841768

Three-digit
plan number

► **003**

(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
*	JOHN HANCOCK USA	RL 2010		5,882
*	JOHN HANCOCK USA	RL 2015		55,694
*	JOHN HANCOCK USA	RL 2020		61,626
*	JOHN HANCOCK USA	RL 2025		226,870
*	JOHN HANCOCK USA	RL 2030		480,305
*	JOHN HANCOCK USA	RL 2035		183,362
*	JOHN HANCOCK USA	RL 2040		91,971
*	JOHN HANCOCK USA	RL 2045		130,136
*	JOHN HANCOCK USA	RL 2050		78,940
*	JOHN HANCOCK USA	LS CONSERV		502,448
*	JOHN HANCOCK USA	LS MODERAT		262,624
*	JOHN HANCOCK USA	LS BALANCE		877,444
*	JOHN HANCOCK USA	LS GROWTH		374,463
*	JOHN HANCOCK USA	LS AGGRESS		264,354
*	JOHN HANCOCK USA	10 YR COMP		8,093
*	JOHN HANCOCK USA	5 YR COMP		56,001
*	JOHN HANCOCK USA	3 YR COMP		80,043
*	JOHN HANCOCK USA	MONEY		351,418
*	JOHN HANCOCK USA	SHORT TERM		36,722
*	JOHN HANCOCK USA	AF US GOV		0
*	JOHN HANCOCK USA	TOT BMKT		21,683
*	JOHN HANCOCK USA	TOTAL RETN		282,839
*	JOHN HANCOCK USA	VS COR BND		33,234
*	JOHN HANCOCK USA	VS TOT		50,680
*	JOHN HANCOCK USA	DFAINFLPRO		222
*	JOHN HANCOCK USA	VS ACTIVE		229,240
*	JOHN HANCOCK USA	VS STR INC		153,966
*	JOHN HANCOCK USA	SPECTRUM I		487,726
*	JOHN HANCOCK USA	FT GL BOND		232
*	JOHN HANCOCK USA	REAL RTRN		48,344
*	JOHN HANCOCK USA	OPP INTB		13,095
*	JOHN HANCOCK USA	GLOBAL BD		7,075
*	JOHN HANCOCK USA	FED HIYLD		47,483
*	JOHN HANCOCK USA	VS HIYLD		28,714
*	JOHN HANCOCK USA	DISCOVERY		76,123
*	JOHN HANCOCK USA	ALL ASSET		81,950
*	JOHN HANCOCK USA	BRGLBALL		181,491
*	JOHN HANCOCK USA	AF AM BAL		405,745
*	JOHN HANCOCK USA	AF CAP INB		8,100

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2013 and Ending 12/31/2013

Name of Plan: **AmCheck National 401k Plan**

Employer Identification Number: **86-0841768** Three-digit plan number: **003**

[illegible]

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2013 and Ending 12/31/2013

Name of Plan: AmCheck National 401k Plan

Employer Identification Number: **86-0841768** Three-digit plan number: **003**

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