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

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN)
11-3032786

2c Sponsor's telephone number
212-403-7544

2d Business code (see instructions)
541519

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.	07/17/2014	STUART GOTTLIEB
	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

SHARP DECISIONS, INC.

1040 AVENUE OF THE AMERICAS
17TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN
11-3032786

3c Administrator's telephone number
212-403-7544

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	348
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**	228
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	115
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	343
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	343
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	224
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	GH3442	289	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
17972	3461

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

WELLS FARGO INSURANCE SERVICES
10700 WHEAT FIRST DRIVE
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
17972			3

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

ASSOCIATED PENSION CONSULTANTS, INC
6800 JERICHO TURNPIKE
SUITE 200W
SYOSSET, NE 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	3461	TPA PARTNERSHIP PROGRAM	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	607376
5	Current value of plan's interest under this contract in separate accounts at year end	5	7504968

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	607514
c	Additions: (1) Contributions deposited during the year	7c(1)	1207182		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	18570		
	(4) Transferred from separate account	7c(4)	1358676		
	(5) Other (specify below)	7c(5)	156562		
	▶ ROLLOVER CONTRIB, LOAN REPAYMENTS				
	(6) Total additions			7c(6)	2740990
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3348504
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1100588		
	(2) Administration charge made by carrier	7e(2)	400		
	(3) Transferred to separate account	7e(3)	1527476		
	(4) Other (specify below)	7e(4)	112664		
	▶ LOAN DISBURSEMENTS, TPA DISTRIB PROCESS FEES				
	(5) Total deductions			7e(5)	2741128
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	607376

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)**	0
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)**	0
(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)**	0
(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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING LIFE INSURANCE AND ANNUITY CO
PO BOX 990067
HARTFORD, CT 06199

71-0294708

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

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

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

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

(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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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.

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

A Name of plan
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-000	P	7504968

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

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
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	9037	0
(3) Other	1b(3)	11	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31160	59035
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	5957311	7504968
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	607514	607376
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	6605033	8171379
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6605033	8171379

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	1195936	
	(C) Others (including rollovers)	2a(1)(C)	107055	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1302991
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	3107	
	(F) Other	2b(1)(F)	18570	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21677
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1378857
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		2437
d Total income. Add all **income** amounts in column (b) and enter total	2d		2705962
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1108696	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1108696
f Corrective distributions (see instructions)	2f		25156
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	5764	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5764
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1139616
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1566346
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WAGNER, FINE & ACKERMAN, PLLC **(2)** EIN: 11-3061778

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:

		Yes	No	Amount
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.)	4a		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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

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
SHARP DECISIONS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP DECISIONS, INC.

D Employer Identification Number (EIN)
11-3032786

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): 71-0294708

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

SHARP DECISIONS, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

SHARP DECISIONS, INC. 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

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WAGNER, FERBER, FINE & ACKERMAN, PLLC
Certified Public Accountants and Business Advisors

66 South Tyson Avenue
Floral Park, NY 11001
(516) 328-3800 • FAX: (516) 488-4695

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Sharp Decisions, Inc. 401(k) Plan
New York, NY 10018-3803

Report on the Financial Statements.
We were engaged to audit the accompanying financial statements of Sharp Decisions, Inc. 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 years ended December 31, 2013 and 2012, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012 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 matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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WAGNER, FERBER, FINE & ACKERMAN, PLLC
Certified Public Accountants and Business Advisors

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Floral Park, NY 11001
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INDEPENDENT AUDITORS' REPORT *(Continued)*

Other Matter
The supplemental Schedule of Assets held at December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

Wagner Ferber Fine & Ackerman PLLC

Floral Park, New York
July 15, 2014

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SHARP DECISIONS, INC. 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2013	December 31, 2012
Assets		
Investments, at fair value	$ 8,136,425	$ 6,626,512
Participant contributions receivable	-	9,048
Notes receivable from participants	59,035	31,160
Total assets	$ 8,195,460	$ 6,666,720

LIABILITIES

Liabilities		
Excess contributions payable	$ -	$ 25,156
Net assets available for plan benefits	$ 8,195,460	$ 6,641,564

See independent auditors' report and the accompanying notes to the financial statements.

SHARP DECISIONS, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Years ended December 31,	
	2013	2012
Additions to plan assets attributed to		
Net appreciation in fair value of investments	$ 1,359,821	$ 726,742
Interest income on notes receivable from participants	3,107	1,592
Other income	2,437	-
Contributions		
Participant contributions	1,141,053	1,016,753
Rollovers	107,055	111,953
Roth	54,883	51,407
Total additions	2,668,356	1,908,447
Deductions from net assets attributable to		
Benefits paid	1,108,696	699,416
Administrative expenses	5,764	1,655
Corrective distributions	-	25,156
Total deductions	1,114,460	726,227
Net increase	1,553,896	1,182,220
Net assets available for plan benefits - beginning	6,641,564	5,459,344
Net assets available for plan benefits - ending	$ 8,195,460	$ 6,641,564

See independent auditors' report and the accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The Sharp Decisions, Inc. 401(k) Plan, (the "Plan") was established effective January 1, 1993, by Sharp Decisions, Inc., (the "Sponsor"). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA").

Eligibility

The Plan is a defined contribution plan covering all employees who have completed one month of service and who attained the age of twenty-one.

Plan Contributions

Participants may elect to contribute up to 100% of pre-tax annual compensation, as defined in the Plan. The elective deferrals for any calendar year cannot exceed the annual dollar limit permitted by law. The Sponsor does not make matching contributions to the Plan. Participants may also make after-tax salary deferrals to their Roth account. In addition, a participant who is at least age 50 and who has reached a limit on their annual deferral contributions may elect to defer an additional "catch-up" contribution of $5,500 for both 2013 and 2012.

Excess Contributions

Contributions in excess of the Internal Revenue Code ("IRC") limitations are refunded to the participants in the year the corrective refund is made. During 2012, it was determined that excess contributions of $25,156 were made by participants which were refunded in 2013.

Participant Accounts

The Plan is a participant-directed account plan. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' accounts are credited with participant contributions and rollovers. Plan earnings and administrative expenses are allocated based upon a participant's account balance in proportion to the balances of all participants' accounts, as defined.

Investment Options

Contributions are invested by the ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan, according to the options elected by the participants. All participant contributions are directed by the participant among the available

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Investment Options *(Continued)*

investment options. Investment earnings are automatically reinvested into the fund or portfolio from which they were derived. The Plan provided participants with the following participant-directed investment options with ING:

Fund Name	Description
American Funds The Growth Fund of America	Long-term capital growth
Ariel Fund	Long-term capital appreciation
BlackRock Health Science Opp Port Inv A	Long-term capital growth
Columbia Mid Cap Value Fund A	Long-term capital growth
Dodge and Cox International Stock Fund	Income & capital growth
ING Baron Growth Portfolio I	Long-term capital appreciation
ING Clarion Real Estate Portfolio	Income & capital growth
ING Fidelity VIP Contrafund Portfolio	Long-term capital appreciation
ING Fidelity VIP Mid Cap Portfolio	Long-term capital growth
ING Fixed Account	Guaranteed Investment Contract
ING GNMA Income Fund A	Income & capital preservation
ING Index Plus Mid Cap Portfolio I	Income & capital growth
ING Intermediate Bond Portfolio	Income & capital preservation
ING JP Morgan Small Cap Core Eq. Portfolio	Long-term capital growth
ING Money Market Portfolio I	Income & capital preservation
ING Oppenheimer Global Portfolio	Capital Appreciation
ING Solution 2015 Portfolio - Adv Class	Income & capital growth
ING Solution 2025 Portfolio - Adv Class	Income & capital growth
ING Solution 2035 Portfolio, Adv Class	Income & capital growth
ING Solution 2045 Portfolio, Adv Class	Income & capital growth
ING Solution 2055 Portfolio, Adv Class	Income & capital growth
ING Solution Income Portfolio, Adv	Income & capital growth
ING T.Rowe Price Growth Eq. Portfolio I	Long-term capital growth
ING Van Kampen Eq and Income Portfolio	Income & capital growth
ING U.S. Stock Index Portfolio	Total return
Lazard Emerging Markets Portfolio	Long-term capital appreciation
Pioneer Fund R	Income & capital growth
Pioneer High Yield Fund Y	Income & capital preservation

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable From Participants - *(See Note 3)*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum which is equal to the lesser of $50,000 or 50% of the participants account balance. The notes are treated as a participant directed investment and are only made for hardship and financial necessity. The notes are secured by the participant's vested funds and, except for notes used to acquire a principal residence, must have a repayment period of no greater than five years. The notes are made at a reasonable rate of interest that a bank or other professional lender would charge for making a note in a similar circumstance. The interest rate for the notes outstanding during 2013 and 2012 ranged from 4.25% to 4.75%. Principal and interest are paid biweekly through payroll deductions. Repayment of the entire balance is permitted at any time. All outstanding note balances will become due and payable in their entirety upon the occurrence of a distributive event (other than satisfaction of conditions for an in-service distribution) as defined in the Plan agreement. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

Investment Rollovers

Rollovers are permitted by employees who are not yet participants in the Plan. Participants are allowed to transfer or rollover funds into the plan from other qualified plans. In-kind rollovers are not permitted.

Payment of Benefits and Distributions

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in monthly, quarterly semi-annual or annual installments. Participants may elect to receive such distributions in the form of a life annuity. Hardship distributions are also permitted, but cannot exceed the amount necessary to meet the participant's financial hardship. The Plan may also elect to make involuntary distributions of amounts less than $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. A participant who receives a hardship distribution is prohibited from making contributions to the Plan for six months from the date of the distribution. Distributions from a participant's Roth account are subject to certain restrictions by law, as defined in the Plan document.

Effective May 1, 2013, the Plan was amended to include an involuntary cash out provision for all terminated employees whose vested account balance does not exceed $5,000.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

If the vested account balance exceeds $5,000, the terminated employee must consent to any distribution of their account. The Plan Administrator may commence distribution of a vested account without consent at the time that payments must begin under applicable federal law. Special rules apply to persons who are deemed to own more than 5% of the Sponsor.

Forfeited Accounts

These accounts are used to reduce future employer contributions. Since there have been no employer contributions into the Plan, there are no forfeited amounts to date.

Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. The net assets of the Plan, less any Plan expenses, would then be distributed to participants in accordance with the Plan's provisions.

Administrative Expenses

The Sponsor has elected to pay all administrative expenses incurred by the Plan except for certain transaction fees such as loan and distribution requests, which are paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), 972, investments are valued at the fund's net asset value reflecting all investments at fair value on the last day of the Plan year. The fund's net asset value is determined by the bank or entity sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are held in separate investment accounts that invest in publicly traded mutual funds and are stated at fair value as reported by the fund managers. Fair value is determined based upon quoted market prices, which represent net asset value per share. Fund transactions are accounted for on the trade date (date the securities are purchased and sold). Interest income is accounted for on the accrual basis. Dividend income is accounted for on the ex-dividend date.

Participant loans are valued at cost, which approximates fair value. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Guaranteed Interest Account

This account is valued at fair value which represents the contract value adjusted to reflect current market interest rates only to the extent that such market rates exceed crediting rates. The guaranteed interest account promises contract value for a benefit event (termination, death, disability and retirement); however there is a possible surrender charge when the funds are withdrawn prior to their maturity. Thus, the guaranteed interest account is not considered benefit responsive.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures of contingencies, if any, at the date of the financial statements, and the additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results may differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined

Tax Status

The underlying standardized prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the written form of the underlying prototype document is qualified under section 401(a) of the IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the provisions of FASB ASC 740, *Accounting for Uncertainty in Income Taxes*. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are no audits currently in progress. The Plan is no longer subject to income tax examinations for years prior to 2010.

Subsequent Events

Management has evaluated subsequent events or transactions through July 15, 2014, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

The ING Life Insurance and Annuity Company ("ING"), the custodian of the Plan at December 31, 2013 and 2012, certified as to the completeness and accuracy of the investment assets, transactions, income and schedules of the investment assets at December 31, 2013 and 2012 and for the years then ended.

The following information, included in the accompanying financial statement and supplementary information at December 31, 2013 and 2012, was obtained from data that has been prepared and certified by ING:

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN (Continued)

	2013	2012
Investments, at fair value at beginning of year	$ 6,626,512	$ 5,418,867
Participants contributions	1,195,936	1,068,160
Rollover contributions	107,055	111,953
Loan withdrawals	(107,300)	(18,900)
Loan repayments	79,425	28,217
Benefits paid to participants	(1,108,696)	(699,416)
Net appreciation (depreciation) in fair value of investments	1,359,821	726,742
Interest income	3,107	1,592
Administrative expenses	(5,764)	(1,655)
Changes in excess contributions payable	(25,156)	-
Changes in contributions receivable	9,048	(9,048)
Other income	2,437	-
Investments, at fair value at end of year	$ 8,136,425	$ 6,626,512

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the total net assets available for benefits of the Plan at December 31, 2013 and 2012:

	2013	2012
ING Fixed Account**	$ 631,457	$ 699,201
ING Solution 2025 Portfolio**	576,974	424,608
BlackRock Hlth Sci Opport. Portfolio	486,687	380,990
ING Money Market Portfolio**	*	365,131
ARIEL Fund	464,823	362,130
ING Solution 2015 Portfolio**	421,560	*
ING Solution 2035 Portfolio**	441,405	*

* Does not represent 5% for respective year.
** Represents party-in-interest.

During the years ended December 31, 2013 and 2012, the Plan's investments in mutual funds (including investments bought, sold and held during the year) appreciated in fair value by $1,359,821 and $726,742, respectively.

NOTE 4 - INVESTMENTS (Continued)

All Plan investments are shares of mutual funds managed by ING. ING is the custodian and, therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan has implemented FASB ASC 820-10, *"Fair Value Measurements and* Disclosures."FASB ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.
Level 3	Prices or valuations that require inputs that are both significant to the far value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2013 and 2012. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Total Plan investment assets at fair value classified within level 3 were $631,457 and $669,201, respectively as of December 31, 2013 and 2012, which consisted of an investment in a guaranteed interest account, as discussed in Note 2.

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:

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Basis of Fair Value Measurement *(Continued)*

Description	12/31/2012	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Un-observable Inputs (Level 3)
American Funds The Growth Fund of America	$ 359,367	$ 359,367	$ -	$ -
Ariel Fund	464,823	464,823	-	-
BlackRock Hlth Sci Opp Port Inv A	486,687	486,687	-	-
Columbia Mid Cap Value Fund A	213,384	213,384	-	-
Dodge and Cox Int'l Stock Fund	241,512	241,512	-	-
ING Baron Growth Portfolio I	290,730	290,730	-	-
ING Clarion Real Estate Portfolio	120,004	120,004	-	-
ING Fidelity VIP Contrafund Portfolio	236,474	236,474	-	-
ING Fidelity VIP Mid Cap Portfolio	239,903	239,903	-	-
ING Fixed Account	631,457	-	-	631,457
ING GNMA Income Fund A	89,467	89,467	-	-
ING Index Plus Mid Cap Portfolio I	160,425	160,425	-	-
ING Intermediate Bond Portfolio	119,925	119,925	-	-
ING JP Morgan Sm Cap Core Eq. Port	171,619	171,619	-	-
ING Money Market Portfolio I	369,011	369,011	-	-
ING Oppenheimer Global Portfolio	367,858	367,858	-	-
ING Solution 2015 Portfolio, Adv Class	421,560	421,560	-	-
ING Solution 2025 Portfolio, Adv Class	576,974	576,974	-	-
ING Solution 2035 Portfolio, Adv Class	441,405	441,405	-	-
ING Solution 2045 Portfolio, Adv Class	273,303	273,303	-	-
ING Solution 2055 Portfolio, Adv Class	107,248	107,248	-	-
ING Solution Income Portfolio, Adv	112,969	112,969	-	-
ING T.Rowe Price Growth Eq. Port. I	288,985	288,985	-	-
ING Van Kampen Eq and Income Port.	352,028	352,028	-	-
ING U.S. Stock Index Portfolio	341,044	341,044	-	-
Lazard Emerging Markets Portfolio	213,806	213,806	-	-
Pioneer Fund R	301,121	301,121	-	-
Pioneer High Yield Fund Y	143,336	143,336	-	-
	$ 8,136,425	$ 7,504,968	$ -	$ 631,457

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Basis of Fair Value Measurement *(Continued)*

Description	12/31/2012	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Un-observable Inputs (Level 3)
American Funds The Growth Fund of America	$ 174,983	$ 174,983	$ -	$ -
Ariel Fund	362,130	362,130	-	-
BlackRock Hlth Sci Opp Port Inv A	380,990	380,990	-	-
Columbia Mid Cap Value Fund A	147,774	147,774	-	-
Dodge and Cox Int'l Stock Fund	102,223	102,223	-	-
ING Baron Growth Portfolio I	185,389	185,389	-	-
ING Clarion Real Estate Portfolio	210,010	210,010	-	-
ING Fidelity VIP Contrafund Portfolio	260,574	260,574	-	-
ING Fidelity VIP Mid Cap Portfolio	188,394	188,394	-	-
ING Fixed Account	669,201	-	-	669,201
ING GNMA Income Fund A	239,836	239,836	-	-
ING Index Plus Mid Cap Portfolio I	115,720	115,720	-	-
ING Intermediate Bond Portfolio	163,706	163,706	-	-
ING JP Morgan Sm Cap Core Eq. Port	88,316	88,316	-	-
ING Money Market Portfolio I	365,131	365,131	-	-
ING Oppenheimer Global Portfolio	222,313	222,313	-	-
ING Solution 2015 Portfolio, Adv Class	319,497	319,497	-	-
ING Solution 2025 Portfolio, Adv Class	424,608	424,608	-	-
ING Solution 2035 Portfolio, Adv Class	254,543	254,543	-	-
ING Solution 2045 Portfolio, Adv Class	177,495	177,495	-	-
ING Solution 2055 Portfolio, Adv Class	51,223	51,223	-	-
ING Solution Income Portfolio, Adv	133,399	133,399	-	-
ING T.Rowe Price Growth Eq. Port. I	236,637	236,637	-	-
ING Van Kampen Eq and Income Port.	222,528	222,528	-	-
ING U.S. Stock Index Portfolio	243,267	243,267	-	-
Lazard Emerging Markets Portfolio	299,183	299,183	-	-
Pioneer Fund R	173,627	173,627	-	-
Pioneer High Yield Fund Y	213,815	213,815	-	-
	$ 6,626,512	$ 5,957,311	$ -	$ 669,201

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in separate investment accounts that invest in publicly traded mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2013 and 2012.

	2013	2012
Net assets available for benefits per the accompanying financial statements	$ 8,195,460	$ 6,641,564
Timing difference for excess contribution payable	-	25,156
Adjustment from fair value to contract value for guaranteed interest account	(24,081)	(61,687)
Net assets available for benefits per the Form 5500	$ 8,171,379	$ 6,605,033

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain investments of the Plan are investment products sold by the Plan's custodian ING.

SUPPLEMENTARY INFORMATION

SHARP DECISIONS, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2013

Form 5500 Schedule H Lline 4i-Schedule of Assets (Held at End of Year)

Plan Sponsor EIN: 11-3032786
Plan Number 001

(a) Party-in-Interest	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Interest Rate Collateral Par of Maturity Value	(e) Current Value
No	American Funds The Growth Fund of America	Long-term capital growth	$ 359,367
No	Ariel Fund	Long-term capital appreciation	464,823
No	BlackRock Health Science Opp Port Inv A	Long-term capital growth	486,687
No	Columbia Mid Cap Value Fund A	Long-term capital growth	213,384
No	Dodge and Cox International Stock Fund	Income & capital growth	241,512
*	ING Baron Growth Portfolio I	Long-term capital appreciation	290,730
*	ING Clarion Real Estate Portfolio	Income & capital growth	120,004
*	ING Fidelity VIP Contrafund Portfolio	Long-term capital appreciation	236,474
*	ING Fidelity VIP Mid Cap Portfolio	Long-term capital growth	239,903
*	ING Fixed Account	Guaranteed Investment Contract	631,457
*	ING GNMA Income Fund A	Income & capital preservation	89,467
*	ING Index Plus Mid Cap Portfolio I	Income & capital growth	160,425
*	ING Intermediate Bond Portfolio	Income & capital preservation	119,925
*	ING JP Morgan Small Cap Core Eq. Portfolio	Long-term capital growth	171,619
*	ING Money Market Portfolio I	Income & capital preservation	369,011
*	ING Oppenheimer Global Portfolio	Capital Appreciation	367,858
*	ING Solution 2015 Portfolio - Adv Class	Income & capital growth	421,560
*	ING Solution 2025 Portfolio - Adv Class	Income & capital growth	576,974
*	ING Solution 2035 Portfolio, Adv Class	Income & capital growth	441,405
*	ING Solution 2045 Portfolio, Adv Class	Income & capital growth	273,303
*	ING Solution 2055 Portfolio, Adv Class	Income & capital growth	107,248
*	ING Solution Income Portfolio, Adv	Income & capital growth	112,969
*	ING T.Rowe Price Growth Eq. Portfolio I	Long-term capital growth	288,985
*	ING Van Kampen Eq and Income Portfolio	Income & capital growth	352,028
*	ING U.S. Stock Index Portfolio	Total return	341,044
No	Lazard Emerging Markets Portfolio	Long-term capital appreciation	213,806
No	Pioneer Fund R	Income & capital growth	301,121
No	Pioneer High Yield Fund Y	Income & capital preservation	143,336
			8,136,425
	Partcipant Loans	Interest Rates 4.25% - 4.75%	59,035
			$ 8,195,460

* Issue is a party-in interest

See independent auditors' report on supplementary information.

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Summary of Investment Expenses and Indirect Compensation

The chart below summarizes the investment expenses for the funds available under your ING program and the revenue received by ING from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. ING uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate one or more of your plan's other service providers. Among those additional service providers are the plan's adviser and third party administrator (TPA). For informational purposes, we are providing the amounts paid to certain other providers in the summary below. Amounts shown are expressed as a percentage of program assets based on formulas in effect as of the date above, and are subject to change.

Note: The amounts shown below are not added to each other. Rather, the revenue ING receives is paid directly or indirectly from the total investment expenses. The compensation paid by ING is an ING expense and is not separately charged to the plan.

Summary	
Average Annual Investment Expense of Managed Investment Options (1)	1.19%
Average Annual Managed Investment Option Revenue (2)	0.72%
Average Annual Total Investment Option Revenue (3)	0.70%
Annual compensation paid by ING to adviser*	
- of assets	0.25%
Annual compensation paid by ING to Third Party Administrator*	
- Partnership Program	0.05%

[1] **Average Annual Investment Expense of Managed Investment Options**: This is the weighted average of the Total Investment Expenses for the plan investment options, based on assets at the reporting date, excluding any funds for which the expenses are N/A and any self directed brokerage accounts.

[2] **Average Annual Managed Investment Option Revenue**: This is the weighted average revenue to ING, based on assets at the reporting date, from the funds included in the Total Investment Expenses. (Paid to ING from Total Investment Expenses)

[3] **Average Annual Total Investment Option Revenue:** This is the weighted average revenue to ING from all plan investment options, based on assets at the reporting date, including any assets in the ING Fixed or Guaranteed Accumulation Account.

* The annual compensation paid by ING to your adviser and TPA reflects the compensation payable after the first year of the program and does not include compensation paid on transferred assets or any "first year" compensation. See your new business paperwork for information on first year compensation. Certain minimum criteria may apply before such payments are made. Renewal Contributions are contributions made after the first year of the contract. Increase Contributions are contributions that exceed the highest contributions in any prior year. ING may also make payments to other plan service providers from the total revenue received by ING.

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Investment Expenses and Indirect Compensation

The chart below shows the components of the investment expenses for the non-fixed interest funds available under your plan as well as the revenue paid to ING from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. The revenue received by ING from the fund is paid by the fund itself or a related party (e.g. the fund's investment manager) and is not an additional expense above the fund fees. ING uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate your advisor. Amounts shown below are based on charges in effect as of the date above and are subject to change.

Please refer to the Appendix for a description of the services provided in connection with the following fees paid by the Funds to ING:

		Expenses Paid											Recordkeeping Revenue to ING				
		Fund Expenses							ING Contract Charges			Total					
Fund No	Fund Name	(A) Management Fees	(B) 12b-1 Fees	(C) Other Expenses	(D) Gross Fund Expense (A+B+C)	(E) Waivers and Adjustments	(F) Net Fund Expense (D+E)	Prospectus Date	(G) Daily Asset Charge	(H) ING Admin Fee	(I) Total Daily Asset Charge (G+H)	(J) Total Investment Expense (F+I)	(K) Total Daily Asset Charge (From column I)	(L) Sub TA/Expense Reimbursement	(M) 12b-1 Fee	(N) Service Fee	(O) Total Revenue to ING (K+L+M+N)
003	ING Money Market Portfolio I	0.25%	0.00%	0.09%	0.34%	0.00%	0.34%	04/30/2013	0.00%	0.65%	0.65%	0.99%	0.65%	0.17%	0.00%	0.00%	0.82%
004	ING Intermediate Bond Port I	0.40%	0.00%	0.10%	0.50%	0.00%	0.50%	06/30/2013	0.00%	0.45%	0.45%	0.95%	0.45%	0.17%	0.00%	0.00%	0.62%
053	ING Index Plus MidCap Portfolio I	0.40%	0.00%	0.10%	0.50%	0.00%	0.50%	06/30/2013	0.00%	0.45%	0.45%	0.95%	0.45%	0.30%	0.00%	0.00%	0.75%
1008	Columbia Mid Cap Value Fund A	0.66%	0.25%	0.29%	1.20%	0.00%	1.20%	08/31/2013	0.00%	0.30%	0.30%	1.50%	0.30%	0.25%	0.25%	0.00%	0.80%
1019	ING Clarion Real Estate Port Srv	0.72%	0.25%	0.13%	1.10%	-0.24%	0.86%	06/30/2013	0.00%	0.20%	0.20%	1.06%	0.20%	0.28%	0.00%	0.25%	0.73%
111	ING TRowePrice Grwth Eqty Port I	0.60%	0.00%	0.14%	0.74%	-0.01%	0.73%	06/30/2013	0.00%	0.35%	0.35%	1.08%	0.35%	0.31%	0.00%	0.00%	0.66%
1168	ING Solution 2055 Portfolio Srv 2	0.10%	0.50%	0.91%	1.51%	-0.22%	1.29%	06/24/2013	0.00%	0.00%	0.00%	1.29%	0.00%	0.32%	0.15%	0.25%	0.72%
1450	Pioneer High Yield Fund Y	0.63%	0.00%	0.19%	0.82%	0.00%	0.82%	10/31/2013	0.00%	0.45%	0.45%	1.27%	0.45%	0.25%	0.00%	0.00%	0.70%
1776	BlackRock Hlth Sci Opport Port Inv A	0.72%	0.25%	0.25%	1.22%	0.00%	1.22%	01/28/2014	0.00%	0.20%	0.20%	1.42%	0.20%	0.25%	0.25%	0.00%	0.70%
187	Ariel Fund	0.59%	0.25%	0.19%	1.03%	0.00%	1.03%	02/01/2014	0.00%	0.45%	0.45%	1.48%	0.45%	0.10%	0.25%	0.00%	0.80%
2657	ING Solution 2015 Portfolio Srv 2	0.10%	0.50%	0.74%	1.34%	-0.21%	1.13%	06/24/2013	0.00%	0.00%	0.00%	1.13%	0.00%	0.32%	0.15%	0.25%	0.72%
2658	ING Solution 2025 Portfolio Srv 2	0.10%	0.50%	0.82%	1.42%	-0.21%	1.21%	06/24/2013	0.00%	0.00%	0.00%	1.21%	0.00%	0.32%	0.15%	0.25%	0.72%
2659	ING Solution 2035 Portfolio Srv 2	0.10%	0.50%	0.88%	1.48%	-0.21%	1.27%	06/24/2013	0.00%	0.00%	0.00%	1.27%	0.00%	0.32%	0.15%	0.25%	0.72%
2660	ING Solution 2045 Portfolio Srv 2	0.10%	0.50%	0.90%	1.50%	-0.21%	1.29%	06/24/2013	0.00%	0.00%	0.00%	1.29%	0.00%	0.32%	0.15%	0.25%	0.72%
2661	ING Solution Income Portfolio Srv 2	0.10%	0.50%	0.69%	1.29%	-0.20%	1.09%	06/24/2013	0.00%	0.00%	0.00%	1.09%	0.00%	0.32%	0.15%	0.25%	0.72%
363	ING GNMA Income Fund A	0.47%	0.25%	0.18%	0.90%	0.00%	0.90%	09/30/2013	0.00%	0.00%	0.00%	0.90%	0.00%	0.17%	0.25%	0.00%	0.42%
407	ING Fidelity VIP Md Cp Portfolio Srv	0.56%	0.25%	0.54%	1.35%	-0.15%	1.20%	06/30/2013	0.00%	0.00%	0.00%	1.20%	0.00%	0.26%	0.00%	0.50%	0.76%
410	ING Fidelity VIP Contrafund Port Srv	0.56%	0.25%	0.46%	1.27%	-0.08%	1.19%	06/30/2013	0.00%	0.00%	0.00%	1.19%	0.00%	0.26%	0.00%	0.50%	0.76%
430	ING Baron Growth Port I	0.85%	0.00%	0.15%	1.00%	0.00%	1.00%	06/30/2013	0.00%	0.35%	0.35%	1.35%	0.35%	0.31%	0.00%	0.00%	0.66%
432	ING Oppenhmr Global Port I	0.60%	0.00%	0.15%	0.75%	0.00%	0.75%	06/30/2013	0.00%	0.35%	0.35%	1.10%	0.35%	0.31%	0.00%	0.00%	0.66%
452	ING Invesco Eqty & Inc Port I	0.55%	0.00%	0.14%	0.69%	-0.03%	0.66%	06/30/2013	0.00%	0.35%	0.35%	1.01%	0.35%	0.31%	0.00%	0.00%	0.66%
487	American Funds Growth Fnd R3	0.28%	0.50%	0.20%	0.98%	0.00%	0.98%	11/01/2013	0.00%	0.00%	0.00%	0.98%	0.00%	0.15%	0.50%	0.00%	0.65%
735	Dodge & Cox International Stock Fund	0.60%	0.00%	0.04%	0.64%	0.00%	0.64%	06/30/2013	0.00%	0.60%	0.60%	1.24%	0.60%	0.10%	0.00%	0.00%	0.70%

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
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		Expenses Paid											Recordkeeping Revenue to ING				
		Fund Expenses							ING Contract Charges			Total					
Fund No	Fund Name	(A) Management Fees	(B) 12b-1 Fees	(C) Other Expenses	(D) Gross Fund Expense (A+B+C)	(E) Waivers and Adjustments	(F) Net Fund Expense (D+E)	Prospectus Date	(G) Daily Asset Charge	(H) ING Admin Fee	(I) Total Daily Asset Charge (G+H)	(J) Total Investment Expense (F+I)	(K) Total Daily Asset Charge (From column I)	(L) Sub TA/Expense Reimbursement	(M) 12b-1 Fee	(N) Service Fee	(O) Total Revenue to ING (K+L+M+N)
740	ING Fixed Account	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.49%	0.49%
752	ING JPMorgan Sm Cp Core Eq Prt Srv	0.87%	0.25%	0.02%	1.14%	0.00%	1.14%	06/30/2013	0.00%	0.20%	0.20%	1.34%	0.20%	0.28%	0.00%	0.25%	0.73%
829	ING U.S. Stock Index Portfolio Inst	0.26%	0.00%	0.01%	0.27%	0.00%	0.27%	06/30/2013	0.00%	0.40%	0.40%	0.67%	0.40%	0.30%	0.00%	0.00%	0.70%
936	Lazard Emerging Mkts Eqty Port Opn	1.00%	0.25%	0.15%	1.40%	0.00%	1.40%	11/29/2013	0.00%	0.30%	0.30%	1.70%	0.30%	0.15%	0.25%	0.00%	0.70%
988	Pioneer Fund R	0.50%	0.50%	0.33%	1.33%	0.00%	1.33%	06/30/2013	0.00%	0.00%	0.00%	1.33%	0.00%	0.35%	0.50%	0.00%	0.85%

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
ING Contract/Plan No.: GH3442

Fund Notes

ING Clarion Real Estate Portfolio - Service Class: The adviser is contractually obligated to limit expenses to 0.90% through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days prior to the end of the then current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The adviser is also contractually obligated to waive a portion of the management fee through May 1, 2014. Based upon net assets as of December 31, 2012, the management fee waiver for the Portfolio would be (0.04)%. There is no guarantee that the management fee waiver will continue after May 1, 2014. The management fee waiver will only renew if the adviser elects to renew it.

ING T. Rowe Price Growth Equity Portfolio - Initial Class: The adviser is contractually obligated to limit expenses to 0.75% of Class I shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. In addition, the adviser is contractually obligated to waive a portion of the management fee through May 1, 2014. Lastly, the adviser is contractually obligated to further waive a portion of the management fee through May 1, 2014. Based upon net assets as of December 31, 2012, these management fee waivers for the Portfolio would be (0.01)%. There is no guarantee that these management fee waivers will continue after May 1, 2014. These management fee waivers will only renew if the adviser elects to renew them.

ING Solution 2055 Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

BlackRock Health Sciences Opportunities Portfolio - Investor A Shares: The Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund's most recent annual report, which does not include Acquired Fund Fees and Expenses.

ING Solution 2015 Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

ING Solution 2025 Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

ING Solution 2035 Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

ING Solution 2045 Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

ING Solution Income Portfolio - Service 2 Class: The adviser is contractually obligated to limit expenses to 0.52% of Class S2 shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years. The distributor is contractually obligated to waive 0.10% of the distribution fee through May 1, 2014. There is no guarantee that the distribution fee waiver will continue after May 1, 2014. The distribution fee waiver will only renew if the distributor elects to renew it.

ING GNMA Income Fund - Class A: The adviser is contractually obligated to limit expenses to 0.97% through August 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, extraordinary expenses, and Acquired Fund Fees and Expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Fund or the adviser upon written notice within 90 days of the end of the current term or upon termination of the management agreement and is subject to possible recoupment by the adviser within three years.

ING Fidelity VIP Mid Cap Portfolio - Service Class: Expense ratios have been adjusted to reflect current fees. Based on the management fee of the Master Fund of 0.56%. The adviser does not charge a management fee when the assets of the Portfolio are invested in the Master Fund. The adviser is contractually obligated to limit expenses to 0.30% through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Master Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years.

ING Fidelity VIP Contrafund Portfolio - Service Class: Expense ratios have been adjusted to reflect current fees. Based on the management fee of the Master Fund of 0.56%. The adviser does not charge a management fee when the assets of the Portfolio are invested in the Master Fund. The adviser is contractually obligated to limit expenses to 0.30% through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Master Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years.

ING Invesco Equity and Income Portfolio - Initial Class: The adviser is contractually obligated to limit expenses to 0.65% of Class I shares through May 1, 2014; the obligation does not extend to interest, taxes, brokerage commissions, Acquired Fund Fees and Expenses, and extraordinary expenses. The obligation will automatically renew for one-year terms unless it is terminated by the Portfolio or the adviser upon written notice within 90 days of the end of the current term or upon termination of the advisory agreement and is subject to possible recoupment by the adviser within three years.

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Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Other Indirect Compensation

Float

ING and various of its affiliated companies earn “float” income on contribution amounts awaiting investment and on distributed funds awaiting payment. Generally, ING earns a current money market rate on these funds.

Conference Support

Some fund families provide financial support to ING companies in connection with training and education events attended by ING employees and representatives. This financial support may include expenses associated with meals. For calendar year 2013 such amount was approximately $5.63 per plan. This estimate was determined by dividing the total amount received from all fund families by the number of plans for which ING provides investment services.

Plan Name: TRS OF SHARP DECISIONS INC 401K PLAN
Plan ID: GH3442

Appendix: Definitions for Indirect Fees

- **Fund No:** The fund number assigned by ING
- **Fund Name:** The name of the Fund

Please note that some of the funds available under your plan may include ING proprietary funds. Proprietary funds are funds which are owned by ING companies. The mutual funds listed for your plan which start with ING's name are ING proprietary funds.

FUND EXPENSES

- **Management Fees**: Fees paid by the Fund's advisor for activities related to the selection and management of fund investments. These fees may include fees paid to the trustee of a collective investment trust.

- **12b-1 Fees**: Fees paid by the Fund for distribution services provided on behalf of a fund. If the fund imposes 12b-1 fees, such payments are made out of fund assets.

- **Other Expenses**: Fees paid by the Fund for other expenses associated with maintenance of a fund, such as: accounting, audit, recordkeeping, prospectus delivery, proxy support, periodic fund reports printing and/or mailing,etc.

- **Gross Fund Expense:** The sum of the management fees, 12b-1 fees and other expenses paid by the Fund.

- **Waivers and Adjustments**: An adjustment to a portion of the mutual fund fees as stated in the fund's most current prospectus. For certain funds, the investment adviser or other service provider to the fund may waive a portion of its fees or reimburse certain fund expenses, which will reduce the expense ratio of the fund for the period of the waiver or adjustment. These waivers and adjustments may not necessarily continue in the future. Please refer to the footnotes at the end of this report for further information regarding any Waivers and Adjustments shown.

- **Net Fund Expense**: The Gross Fund Expense reduced by any waiver or adjustment in effect.

- **Prospectus Date**: The date of the fund prospectus from which the fund fees have been provided

ING CONTRACT CHARGES

- **Daily Asset Charge**: An ING contract charge assessed against the variable funds for marketing and sales expenses as well as the costs of various services (e.g., call centers, websites, daily valuation systems, regulatory information, transaction processing, communication, education and enrollment support) in support of your program. This charge may be comprised of a base contract charge as well as additional charges for optional services selected by the plan.

- **ING Admin Fee**: An adjustment (positive or negative) to the Daily Asset Charge. This fee paid to ING varies based on the fund revenue sharing agreement between ING and the respective fund families.

- **Total Daily Asset Charge**: The sum of the Daily Asset Charge and ING Admin Fee

- **Total Investment Expense**: The Net Fund Expense plus the Daily Asset Charge

REVENUE TO ING:

- **Total Daily Asset Charge**: The sum of the Daily Asset Charge and ING Admin Fee

- **Sub Transfer Agent (Sub TA) Expense Reimbursement**: The amount paid to ING by the Fund Family or Fund Transfer Agent for plan and participant level recordkeeping services

- **12b-1 Fees:** The amount paid to ING by the fund family from the fund's 12b-1 fees for distribution services

- **Service Fee:** The amount paid to ING for other services provided in connection with the investment option. If your plan uses the ING Fixed Account or ING Guaranteed Accumulation Account (GAA), the amount shown in the "Service Fee" column represents our reasonable and good faith estimate of the cost of the recordkeeping and other administrative services being offset through a reduction in the rates of interest that would otherwise be credited. In developing our estimate, we applied guidance issued by the Department of Labor in connection with Form 5500 Schedule C reporting. Under that guidance, if the rate of return on a fixed rate investment contract is net of the expense of recordkeeping and similar administrative services, then the amount so "netted" should be reported as a fee charged against the Plan's investment in order to avoid the inference that the Plan services were being provided free of charge. Estimates of those amounts are permitted so long as the estimate is reasonable, and the methodology and assumptions used to prepare the estimate are disclosed.

  The rate credited to your Plan's Fixed Account and/or GAA ("fixed accounts") balance is a "net" rate that reflects the costs of the recordkeeping and other administrative services we provide. We have estimated the amount of that rate reduction and reported it in the "Service Fee" column of our indirect compensation report in order to inform your understanding of the costs of our recordkeeping and administrative services. Set forth below is a description of the method we used in developing our estimate:

  First, we determined the ratio of (1) our estimated internal costs for providing plan recordkeeping, trusteeship and similar services to all of our Plan customers as of the prior calendar year end, to (2) our average **total assets** during the same calendar year. We applied that ratio to your Plan's fixed account(s) to arrive at an estimate of the dollar amount of reportable compensation attributable to netting the costs of providing such services against the Fixed Account/GAA rate.

- **Total Revenue to ING:** The sum of the Total **Daily Asset** Charge plus amounts received by ING from the Fund or fund custodian for Sub TA Expense Reimbursement, 12b-1 Fees and other services.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Sharp Decisions, Inc. 401(k) Plan

Employer Identification Number:► 11-3032786

For plan year (beginning/ending):► 01/01/2013 / 12/31/2013 Plan number:► 001

(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
*	ING Life Insurance and Annuity Co	ING Solution 2055 Portfolio		107248
*	ING Life Insurance and Annuity Co	ING JPMorgan Small Cap Core Equity Portfolio		171619.11
	ING Life Insurance and Annuity Co	Dodge & Cox International Stock Fund		241511.8
*	ING Life Insurance and Annuity Co	ING Index Plus MidCap Portfolio		160424.53
*	ING Life Insurance and Annuity Co	ING Solution Income Portfolio		112969.3
	ING Life Insurance and Annuity Co	Columbia Mid Cap Value Fund		213383.49
*	ING Life Insurance and Annuity Co	ING Intermediate Bond Portfolio		119924.55
	ING Life Insurance and Annuity Co	Pioneer Fund		301121.17
	ING Life Insurance and Annuity Co	American Funds The Growth Fund of America		359366.53
*	ING Life Insurance and Annuity Co	ING Solution 2045 Portfolio		273302.68
*	ING Life Insurance and Annuity Co	ING Baron Small Cap Growth Portfolio		290729.94
*	ING Life Insurance and Annuity Co	ING Fidelity® VIP Mid Cap Portfolio		239903.06
*	ING Life Insurance and Annuity Co	ING Clarion Real Estate Portfolio		120004.26
	ING Life Insurance and Annuity Co	Pioneer High Yield Fund		143336.12
*	ING Life Insurance and Annuity Co	ING Oppenheimer Global Portfolio		367857.6
*	ING Life Insurance and Annuity Co	ING Van Kampen Equity and Income Portfolio		352028.31
*	ING Life Insurance and Annuity Co	ING T. Rowe Price Growth Equity Portfolio		288984.69
*	ING Life Insurance and Annuity Co	ING GNMA Income Fund		89467.21
*	ING Life Insurance and Annuity Co	ING U.S. Stock Index Portfolio		341043.56
*	ING Life Insurance and Annuity Co	ING Solution 2035 Portfolio		441405.47
*	ING Life Insurance and Annuity Co	ING Fidelity® VIP Contrafund® Portfolio		236474.34
	ING Life Insurance and Annuity Co	Lazard Emerging Markets Equity Portfolio		213805.99
*	ING Life Insurance and Annuity Co	ING Solution 2015 Portfolio		421560.05
	ING Life Insurance and Annuity Co	Ariel Fund		464823.44
*	ING Life Insurance and Annuity Co	ING Money Market Portfolio		369011.39
	ING Life Insurance and Annuity Co	BlackRock Health Science Opport Portfolio		486687.44
*	ING Life Insurance and Annuity Co	ING Solution 2025 Portfolio		576974.26
*	ING Life Insurance and Annuity Co	ING Fixed Account		607376.21
	Paticipant Loans	4.75%		59034.25