

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>ANSIRA PARTNERS, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ANSIRA PARTNERS, INC.</u> <u>2300 LOCUST STREET</u> <u>ST. LOUIS, MO 63103</u>	1c Effective date of plan <u>01/01/1998</u>	2b Employer Identification Number (EIN) <u>43-2091232</u>
	2c Sponsor's telephone number <u>314-783-2382</u>	2d Business code (see instructions) <u>541800</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>09/15/2014</u>	<u>GARY WELLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	555
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	499
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits.....		6c	78
d Subtotal. Add lines 6a , 6b , and 6c		6d	578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	578
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	528
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	86
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan ANSIRA PARTNERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ANSIRA PARTNERS, INC.	D Employer Identification Number (EIN) 43-2091232

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

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	384236-01	126	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 2858	(b) Total amount of fees paid 0
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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

LOCKTON FINANCIAL ADVISORS LLC
444 W 47TH ST STE 900
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2858			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1359999**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

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 ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 1018391**c** Additions: (1) Contributions deposited during the year **7c(1)** 373570(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 15471(4) Transferred from separate account **7c(4)** 425963(5) Other (specify below) **7c(5)** 53726▶ **LOAN PAYMENTS, FORFEITURES**(6) Total additions **7c(6)** 868730**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1887121**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 179968(2) Administration charge made by carrier **7e(2)** 615(3) Transferred to separate account **7e(3)** 346539(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 527122**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1359999

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan ANSIRA PARTNERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANSIRA PARTNERS, INC.	D Employer Identification Number (EIN) 43-2091232	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LOCKTON FINANCIAL ADVISORS LLC

444 W 47TH ST STE 900
KANSAS CITY, MO 64112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	34318	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	7810	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	3238	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)

TD AMERITRADE, INC.

200 S. 108TH AVENUE
OMAHA, NE 68154

(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?
33	BROKERAGE SERVICES	1379	Yes ☒ No ☐	Yes ☐ No ☒	0	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
LOCKTON FINANCIAL ADVISORS LLC	55	34318
(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.	
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ANSIRA PARTNERS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANSIRA PARTNERS, INC.</u>	D Employer Identification Number (EIN) <u>43-2091232</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	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)	263821	285776
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(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)	11531796	16330426
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1018391	1359999
	(15) Other.....	1c(15)	235209	304708

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	13049217	18280909

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13049217	18280909
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	662192	
(B) Participants	2a(1)(B)	1854389	
(C) Others (including rollovers)	2a(1)(C)	384893	
(2) Noncash contributions	2a(2)	0	2901474
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	13538	
(F) Other	2b(1)(F)	15471	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29009
(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)	580013	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		580013
(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)		0
(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)		2625797
c Other income.....	2c		36798
d Total income. Add all income amounts in column (b) and enter total.....	2d		6173091

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	915051	
(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)		915051
f Corrective distributions (see instructions).....	2f		7940
g Certain deemed distributions of participant loans (see instructions).....	2g		6000
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	12408	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12408
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		941399

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5231692
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		38035
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

A Name of plan <u>ANSIRA PARTNERS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANSIRA PARTNERS, INC.</u>	D Employer Identification Number (EIN) <u>43-2091232</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ansira Partners, Inc. 401(k) Plan

Financial Report
December 31, 2013

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Independent Auditor's Report

To the Board of Trustees and Participants
Ansira Partners, Inc. 401(k) Plan
St. Louis, Missouri

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Great West Trust Company, LLC (fka Orchard Trust Company, LLC) and Great West Life & Annuity Insurance Company, the custodians of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the custodians 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.

Other Matter

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

A handwritten signature in cursive script that reads "McGladrey LLP".

St. Louis, Missouri
September 12, 2014

Ansira Partners, Inc. 401(k) Plan

**Statements of Net Assets Available For Benefits
December 31, 2013 and 2012**

	2013	2012
Assets		
Investments, at fair value:		
Mutual funds	\$ 16,346,097	\$ 11,546,146
Common stocks	196,745	183,396
Interest bearing cash accounts	92,292	37,461
Guaranteed investment contract with insurance company	1,359,956	1,018,392
	<u>17,995,090</u>	<u>12,785,395</u>
Cash	43	-
Receivables:		
Notes from participants	285,776	263,821
	<u>285,776</u>	<u>263,821</u>
Net assets available for benefits	<u><u>\$ 18,280,909</u></u>	<u><u>\$ 13,049,216</u></u>

See Notes to Financial Statements.

Ansira Partners, Inc. 401(k) Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013**

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	\$ 595,484
Net appreciation in fair value of investments	2,662,595
	<u>3,258,079</u>
Interest income on notes from participants	<u>13,538</u>
Contributions:	
Participant	1,854,389
Employer	662,192
Rollovers	384,893
	<u>2,901,474</u>
Total additions	<u>6,173,091</u>
Deductions from net assets attributed to:	
Benefit payments	928,991
Administrative expenses	12,407
Total deductions	<u>941,398</u>
Net increase	5,231,693
Net assets available for benefits:	
Beginning of year	<u>13,049,216</u>
End of year	<u><u>\$ 18,280,909</u></u>

See Notes to Financial Statements.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description

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

General: The Plan is a defined contribution plan established for the benefit of the employees of Ansira Partners, Inc. (the Company) who meet certain eligibility requirements. The Plan covers substantially all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: Employees of the Company who have completed 90 days of service are eligible to participate in the Plan.

Contributions: Participants may elect to reduce their salary and have the amount contributed to the Plan. The elective deferred amount may not be more than the lesser of: (a) 100% of their compensation, (b) maximum dollar limit allowed under requirements of Internal Revenue Code (\$17,500 for 2013) or (c) such lesser amount as determined by discrimination tests for the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may choose to elect deferral contributions at the beginning of each month of the Plan year. Rollover contributions to participants from another qualified plan are permitted as defined in the Plan. The Company may make discretionary matching contributions of employees' salary reduction amounts at a percentage to be determined by the Company. The Company made a discretionary matching contribution in an amount equal to 50% of the first 6% of each participant's salary deferral in 2013. The Company may also be required to make discretionary non-elective contributions to the Plan which are generally allocated among the participants' accounts in the Plan in proportion to their compensation. There were no discretionary non-elective contributions made to the Plan during 2013. Participants may direct the investment of their contributions into various investment options offered by the Plan. Participants may change their investment options at any time pursuant to procedures established in the Plan document.

Participant accounts: Each participant's account is credited with the participant's elective and, if applicable, rollover contributions, and allocations of (a) the Company's matching contribution, (b) administrative expenses, and (c) Plan earnings. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their elective and, if applicable, rollover contributions plus actual earnings thereon. Participants are vested in matching contributions using a five-year graded scale that increases 20% each year until reaching the maximum of 100% after five years.

Forfeitures: Forfeitures of nonvested participant balances may be used to pay administrative expenses or reduce future employer contributions. At December 31, 2013 and 2012, the amount of forfeited nonvested accounts was not significant. During 2013, forfeitures in the amount of \$47,022 were used to reduce employer contributions.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes from participants: Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Participants may borrow a minimum of \$1,000 and up to a maximum of \$50,000 or 50% of the total value of their vested account balance. Loan terms are up to five years or longer if for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates determined by the Plan Administrator, which range from 4.25% to 5.25% at December 31, 2013. Principal and interest are paid ratably through payroll deductions.

Payment of benefits: Distributions may be made after a participant's retirement, termination of employment, death or disability. Distributions are made in the form of lump-sum payments.

Reclassifications: Certain reclassifications have been made to the December 31, 2012 financial statements to conform to the December 31, 2013 presentation.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis. For the years ended December 31, 2013 and 2012, the fair value and contract value of the Plan's guaranteed investment contract are the same; therefore, no adjustment is recorded.

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain administrative functions applicable to the Plan are performed by officers or employees of the Company. No such officer receives compensation from the Plan. Certain other expenses may be paid by the Plan unless paid by the Company.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by the Custodians

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL'S Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified or provided by the custodians, except for comparing such information certified or provided by the custodians to information included in the Plan's financial statements, Note 4 and the supplemental schedule of assets (held at end of year).

Single investments representing more than 5% of the Plan's net assets as of December 31, 2013 and 2012 are separately identified.

	December 31,	
	2013	2012
Investments at fair value:		
Mutual funds:		
Maxim S&P 500 Index	\$ 1,832,220	\$ 932,410
T. Rowe Price Growth Stock	1,028,170	**
Maxim Index 600	1,077,135	**
Artisan Mid Cap Value Institutional	1,021,277	**
MFS Value R5	1,059,698	**
American Funds Europacific Growth	*	663,694
MFS Value Fund	*	721,039
PIMCO Total Return	*	1,054,080
Other mutual fund investments less than 5%	10,311,926	8,160,571
Participant directed brokerage accounts:		
Common stocks less than 5%	196,745	183,396
Mutual funds less than 5%	15,671	14,352
Interest bearing cash less than 5%	92,292	37,461
Guaranteed investment contract:		
Key Guaranteed Portfolio Fund	1,359,956	1,018,392
Total investments at fair value	<u>\$ 17,995,090</u>	<u>\$ 12,785,395</u>
Cash	\$ 43	\$ -
Notes from participants	<u>\$ 285,776</u>	<u>\$ 263,821</u>

* Investment did not represent 5% of Plan's net assets at December 31, 2013.

** Investment did not represent 5% of Plan's net assets at December 31, 2012.

The custodians also certified to the completeness and accuracy of \$595,484 of interest and dividends related to the aforementioned investments and \$13,538 of interest on notes from participants for the year ended December 31, 2013.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by the Custodians (Continued)

During the year ended December 31, 2013, the custodians also certified to the completeness and accuracy of the net appreciation in value of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) of \$2,662,595, as follows:

Mutual funds	\$ 2,627,176
Participant directed brokerage account	35,419
	<u>\$ 2,662,595</u>

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013.

Mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Guaranteed investment contract: Valued daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. See Note 5 for additional information.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Participant directed brokerage account: Comprised of common stock, money market funds and cash. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Money market funds and cash are valued at the amount of interest bearing cash held by the Plan at year-end.

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

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

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
International Funds	\$ 2,457,575	\$ -	\$ -	\$ 2,457,575
Large Cap Funds	4,923,569	-	-	4,923,569
Mid Cap Funds	1,804,665	-	-	1,804,665
Small Cap Funds	2,117,115	-	-	2,117,115
Asset Allocation Funds	3,221,769	-	-	3,221,769
Bond Funds	903,842	-	-	903,842
Balanced Funds	751,866	-	-	751,866
Specialty Funds	150,025	-	-	150,025
Participant Directed Brokerage Accounts:				
Common Stocks	196,745	-	-	196,745
Mutual Funds	15,671	-	-	15,671
Interest-bearing cash	92,292	-	-	92,292
Guaranteed Investment Contract	-	1,359,956	-	1,359,956
Total investments at fair value	\$ 16,635,134	\$ 1,359,956	\$ -	\$ 17,995,090

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
International Funds	\$ 1,886,483	\$ -	\$ -	\$ 1,886,483
Large Cap Funds	3,479,758	-	-	3,479,758
Mid Cap Funds	1,098,182	-	-	1,098,182
Small Cap Funds	1,339,676	-	-	1,339,676
Asset Allocation Funds	2,159,490	-	-	2,159,490
Bond Funds	1,054,080	-	-	1,054,080
Balanced Funds	418,782	-	-	418,782
Specialty Funds	95,343	-	-	95,343
Participant Directed Brokerage Accounts:				
Common Stocks	183,396	-	-	183,396
Mutual Funds	14,352	-	-	14,352
Interest-bearing cash	37,461	-	-	37,461
Guaranteed Investment Contract	-	1,018,392	-	1,018,392
Total investments at fair value	\$ 11,767,003	\$ 1,018,392	\$ -	\$ 12,785,395

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no transfers in or out of Level 3.

Note 5. Contract with Insurance Company

The Plan has a benefit-responsive investment contract with Great West Life & Annuity Insurance Company (Insurer). The insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal for transfer of all or a portion of their investment at contract value. At December 31, 2013 and 2012, the fair value and contract value of the Plan's guaranteed investment contract are the same; therefore, no adjustment is recorded in the statement of net assets available for benefits.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 5. Contract with Insurance Company (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed-investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:	2013
Based on actual earnings	1.30%
Based on interest rate credited to participants	1.26%

Note 6. Tax Status

The Employer has adopted Great West Trust Company, LLC's (fka Orchard Trust Company, LLC) prototype standardized plan, for which a favorable opinion letter was issued to Great West Trust Company, LLC (fka Orchard Trust Company, LLC), by the Internal Revenue Service, on March 31, 2008. Great West Trust Company, LLC (fka Orchard Trust Company, LLC) is a member of the Great-West family of companies. The Plan has been amended since receiving this determination. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants would become 100% vested in their account balances.

Ansira Partners, Inc. 401(k) Plan

Notes to Financial Statements

Note 8. Party-in-Interest Transactions

Fees paid by the Plan for investment management and administrative services amounted to \$12,407 for the year ended December 31, 2013. The Company paid for other Plan expenses, which amounted to \$15,880 for the year ended December 31, 2013.

Note 9. Nonexempt Transaction

During 2013, the Plan sponsor inadvertently overpaid 38 participants on benefit payments due to incorrect matching computations in prior years. This was the result of an incorrect vesting calculation. The Plan sponsor reimbursed the plan for the overpaid match in the amount of \$6,843, including lost earnings of \$339. The Plan sponsor notified the affected participants.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 11. Prohibited Transaction

During 2013, the Plan Sponsor inadvertently failed to deposit \$38,035 of employee deferrals, including \$2,501 of loan repayments, within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The lost earnings payment was paid from the Plan Sponsor's assets and not from assets of the Plan.

Note 12. Subsequent Events

The Plan Administrator has evaluated subsequent events occurring subsequent to December 31, 2013 as to their potential impact to the financial statements through September 12, 2014, the date the financial statements were available to be issued.

Ansira Partners, Inc. 401(k) Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

(a) Identity of issuer, borrower, lessor or similar party	(b) Description of investment , including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current value
Mutual Funds:			
Fidelity Investments	Fidelity Contrafund	N/A	\$ 611,250
Harbor Funds	Harbor International Fund	N/A	590,080
Maxim Funds	Maxim Index 600	N/A	1,077,135
Royce Funds	Pennsylvania Mutual Investment	N/A	492,152
Maxim Funds	Maxim S&P 500 Index	N/A	1,832,220
Delaware Funds	Delaware Small Cap Value Institutional	N/A	353,557
PIMCO Funds	PIMCO Total Return	N/A	903,844
Prudential Investments	Prudential Jennison Natural Resources	N/A	81,592
American Funds	American Funds American Balanced R6	N/A	751,866
T. Rowe Price Funds	T. Rowe Price Growth Stock	N/A	1,028,170
Munder Capital Management	Munder Mid-Cap Core Growth R6	N/A	508,349
Russell Funds	Russell Global Real Estate Securities S	N/A	67,737
Baron Funds	Baron Small Cap Institutional	N/A	194,271
Artisan Funds	Artisan Mid Cap Value Institutional	N/A	1,021,277
JPMorgan Funds	JPMorgan Market Expansion Enhanced Ind	N/A	275,039
MFS Investment Management	MFS Value R5	N/A	1,059,698
Columbia Mutual Funds	Columbia Dividend Opportunity R5	N/A	392,229
American Funds	American Funds Capital World G/I R6	N/A	219,118
American Funds	American Funds Europacific GR R6	N/A	911,233
Oppenheimer Funds	Oppenheimer Global Y	N/A	737,144
Fidelity Investments	Fidelity Advisor Materials I	N/A	696
JPMorgan Funds	JPMorgan SmartRetirement Income Instl	N/A	4,616
JPMorgan Funds	JPMorgan SmartRetirement 2010 Instl	N/A	57,490
JPMorgan Funds	JPMorgan SmartRetirement 2015 Instl	N/A	91,275
JPMorgan Funds	JPMorgan SmartRetirement 2020 Instl	N/A	450,901
JPMorgan Funds	JPMorgan SmartRetirement 2025 Instl	N/A	272,808
JPMorgan Funds	JPMorgan SmartRetirement 2030 Instl	N/A	293,134
JPMorgan Funds	JPMorgan SmartRetirement 2035 Instl	N/A	744,177
JPMorgan Funds	JPMorgan SmartRetirement 2040 Instl	N/A	529,268
JPMorgan Funds	JPMorgan SmartRetirement 2045 Instl	N/A	370,446
JPMorgan Funds	JPMorgan SmartRetirement 2050 Instl	N/A	380,758
JPMorgan Funds	JPMorgan SmartRetirement 2055 Instl	N/A	26,896
Balance to next page			16,330,426

Ansira Partners, Inc. 401(k) Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2013

(a) Identity of issuer, borrower, lessor or similar party	(b) Description of investment , including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current value
* Guaranteed Investment Contract: Great-West Life & Annuity	Key Guaranteed Portfolio Fund (Interest Rate of 1.26%)	N/A	\$ 1,359,956
Participant Directed Brokerage Account	Various	N/A	304,708
* Participants	Notes receivable (4.25% to 5.25%, maturity of 1 to 7 years)	N/A	285,776
			<u>\$ 18,280,866</u>

* Represents a party-in-interest.

N/A Not applicable, participant-directed account

The above information has been certified by Great West Trust Company, LLC (fka Orchard Trust Company, LLC) and Great West Life & Annuity Insurance Company, the Plan's custodians, as complete and accurate.

Ansira Partners, Inc. 401(k) Plan

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2013

Participant Contributions Transferred Late to Plan: \$ 38,035	Total that constitute prohibited non-exempt transactions: \$ 38,035			Total fully corrected under VFCP and PTE 2002-51 PTE 2002-51
Check here if late participant loan repayments are included ☒	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2013	\$ -	\$38,035	\$ -	\$ -

Lost earnings of \$6.50 were calculated and remitted to the Plan in June 2013.

Name of Plan: ANSIRA PARTNERS, INC. 401(K) PLAN

Employer Identification No.: ► 43-2091232

Plan year (beginning/ending):▶ 1/1/2013 / 12/31/2013 Plan number:▶ 001

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ASSETS HELD FOR INVESTMENT PURPOSES

Ansira Partners, Inc. 401(k) Plan
01-JAN-13 to 31-DEC-13

25-JAN-14 03:48:38

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IJSIIX			4,618.27	4,615.55
IJSWIX			57,491.52	57,489.51
IJSFIX			91,122.51	91,275.35
IJTTIX			450,035.03	450,900.83
IJNSIX			274,599.25	272,808.45
IJSMIX			293,000.49	293,133.84
ISRJIX			746,849.91	744,176.98
ISMTIX			527,283.16	529,268.23
IJSAIX			371,562.36	370,446.06
IJTSIX			382,350.11	380,757.59
IJFFIX			26,621.24	26,895.97
IRWIGX			211,133.28	219,117.51
IRERGX			888,617.35	911,232.82
IHAIX			496,480.54	590,080.17
IOGLYX			706,179.14	737,144.34
IFMFEX			689.74	695.62
IPGNAX			85,011.90	81,591.99
IRRESX			71,589.34	67,736.63
IBSFIX			186,503.82	194,271.18
IDEVIX			346,753.51	353,557.41
IMXIN6			824,007.45	1,077,135.16
IPENNXX			389,330.63	492,151.82
IAPHQX			988,476.34	1,021,276.62
IPGMIX			266,496.84	275,038.80
IMGOSX			499,433.73	508,349.22
IRSDFX			378,461.98	392,228.53
IFCNTX			579,203.94	611,249.64
194MX5			1,541,553.19	1,832,222.30
IMEIKX			1,014,560.46	1,059,698.19
IPRGFX			990,397.88	1,028,169.69
IRLBGX			734,461.96	751,865.56
IPTRAX			929,461.83	903,844.42
ISDBTDA			236,707.91	236,707.91
ISDBTDR			68,000.36	68,000.36
IKGPF		1.300	1,292,798.19	1,359,955.87
			16,951,845.16	17,995,090.12
PARTICIPANT LOANS	VARIOUS	4.250-8.000	284,937.41	285,775.86
FORFEITURES			41.88	42.62

ASSETS HELD FOR INVESTMENT PURPOSES

Ansira Partners, Inc. 401(k) Plan
01-JAN-13 to 31-DEC-13

25-JAN-14 03:48:38

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1JSIIX JPMorgan SmartRetirement Income Instl
 1JSFIX JPMorgan SmartRetirement 2015 Instl
 1JNSIX JPMorgan SmartRetirement 2025 Instl
 1SRJIX JPMorgan SmartRetirement 2035 Instl
 1JSAIX JPMorgan SmartRetirement 2045 Instl
 1JFFIX JPMorgan SmartRetirement 2055 Instl
 1RERGX American Funds EuroPacific Gr R6
 1OGLYX Oppenheimer Global Y
 1PGNAX Prudential Jennison Natural Resources A
 1BSFIX Baron Small Cap Instl
 1MXIN6 Great-West S&P SmallCap 600 Index Fund I
 1APHQX Artisan Mid Cap Value Institutional
 1MGOSX Munder Mid-Cap Core Growth R6
 1FCNTX Fidelity Contrafund
 1MEIKX MFS Value R5
 1RLBGX American Funds American Balanced R6
 1SDBTDA TD Ameritrade SDB
 1KGPF Key Guaranteed Portfolio Fund

1JSWIX JPMorgan SmartRetirement 2010 Instl
 1JTTIX JPMorgan SmartRetirement 2020 Instl
 1JSMIX JPMorgan SmartRetirement 2030 Instl
 1SMTIX JPMorgan SmartRetirement 2040 Instl
 1JTSIX JPMorgan SmartRetirement 2050 Instl
 1RWIGX American Funds Capital World G/I R6
 1HAINX Harbor International Instl
 1FMFEX Fidelity Advisor Materials I
 1RRESX Russell Global Real Estate Securities S
 1DEVIX Delaware Small Cap Value Instl
 1PENNX Royce Pennsylvania Mutual Invmt
 1PGMIX JPMorgan Mkt Expansion Enhanced Indx Sel
 1RSDFX Columbia Dividend Opportunity R5
 194MX5 Great-West S&P 500 Index Fund I
 1PRGFX T. Rowe Price Growth Stock
 1PTRAX PIMCO Total Return Admin
 1SDBTDR TD Ameritrade SDB Roth

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year