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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1992

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

FIRST TEAM REAL ESTATE ORANGE COUNTY INC

108 PACIFICA, SUITE 300
IRVINE, CA 92618

2b Employer Identification Number (EIN)
33-0311423

2c Sponsor's telephone number
949-988-3011

2d Business code (see instructions)
531210

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.	10/08/2014	MERRY PISORS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2014	MERRY PISORS
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	500
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**	316
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	392
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	392
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	308
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 2K 2R 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)	[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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TEAM REAL ESTATE ORANGE COUNTY INC

D Employer Identification Number (EIN)
33-0311423

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 & ANNUITY CO.

(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	ZH9204	392	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
0	0

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

(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	

(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	2216463
5	Current value of plan's interest under this contract in separate accounts at year end	5	8319859

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 PENSION FUNDING

b	Balance at the end of the previous year			7b	1917865
c	Additions: (1) Contributions deposited during the year	7c(1)	65474		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	53333		
	(4) Transferred from separate account	7c(4)	211018		
	(5) Other (specify below)	7c(5)	7472		
	▶ *				
	(6)Total additions			7c(6)	337297
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2255162
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	109394		
	(2) Administration charge made by carrier	7e(2)	638		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	13192		
	▶ *				
	(5) Total deductions			7e(5)	123224
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2131938

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TEAM REAL ESTATE ORANGE COUNTY INC

D Employer Identification Number (EIN)
33-0311423

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 COMP

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)

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	SERVICE PROVIDER	1566	Yes [X] No [ ]	Yes [ ] No [X]	4761	Yes [ ] No [X]

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

ING LIFE INSURANCE AND ANNUITY CO.

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 64	SERVICE PROVIDER	9988	Yes [X] No [ ]	Yes [X] No [ ]	1291	Yes [ ] No [X]

(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
ING LIFE INSURANCE AND ANNUITY CO.	27	1291
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING LIFE INSURANCE AND ANNUITY CO. 71-0294708	INVESTMENT ADVISORY (PLAN)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	4761
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING LIFE INSURANCE AND ANNUITY CO. 71-0294708	INVESTMENT ADVISORY (PLAN)	

(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: EKS & H LLLP	**b** EIN: 46-1497033	
c Position: AUDITOR		
d Address: 7979 E TUFTS AVENUE, SUITE 400 DENVER, CO 80237	**e** Telephone: 303-740-9400	

Explanation: COST

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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRST TEAM REAL ESTATE ORANGE COUNTY INC

D Employer Identification Number (EIN)
33-0311423

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: VARIABLE ANNUITY ACCOUNT D

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

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	8319859

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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TEAM REAL ESTATE ORANGE COUNTY INC

D Employer Identification Number (EIN)
33-0311423

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	176725	158204
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6396128	8319859
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1917865	2131938
(15) Other	1c(15)	230605	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8721323	10610001
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8721323	10610001

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)	1000	
	(B) Participants	2a(1)(B)	777130	
	(C) Others (including rollovers)	2a(1)(C)	85792	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		863922
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5871	
	(F) Other	2b(1)(F)	53333	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		59204
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1575024
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-5693
d Total income. Add all **income** amounts in column (b) and enter total	2d		2492457
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	591762	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		591762
f Corrective distributions (see instructions)	2f		473
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11544	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11544
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		603779
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1888678
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: ROBERT R. REDWITZ & CO. **(2)** EIN: 33-0850406

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
FTHCC EMPLOYEES ' 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TEAM REAL ESTATE ORANGE COUNTY INC

D Employer Identification Number (EIN)
33-0311423

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 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):

ROBERT R. REDWITZ & CO.
An Accounting and Consulting Corporation

Report of Independent Auditors and
Financial Statements for

F. T. H. C. C. Employees' 401(k) Savings Plan

December 31, 2013 and 2012

F.T.H.C.C. Employees' 401(k) Savings Plan

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ROBERT R. REDWITZ & CO.
An Accounting and Consulting Corporation

Independent Auditors' Report

To the Plan Administrator
F. T. H. C. C. Employees' 401(k) Savings Plan
Irvine, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of F. T. H. C. C. Employees' 401(K) Savings Plan ("the Plan"), which are comprised of the statement of net assets available for benefits as of December 31, 2013, 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING National Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee 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 on the 2013 financial statements. Accordingly, we do not express an opinion on the accompanying 2013 financial statements.

5520 Trabuco Road
Irvine, California 92620-5705
(949) 753-1514 ● (800) 576-1514
(949) 753-1535 fax

1 Almaden Boulevard., Suite 950
San Jose, California 95113-2215
(408) 377-3441 ● (877) 726-3441
(408) 377-5834 fax

9404 Genesee Avenue, Suite 220
La Jolla, California 92037-1354
(858) 455-9000 ● (877) 576-1514
(858) 455-8279 fax

Other Matters

Supplemental schedule

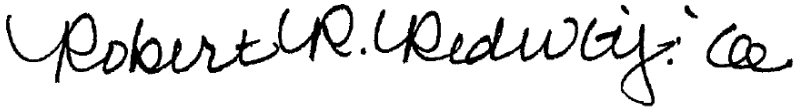
The supplemental Schedule of Assets Held For Investment Purposes at Year End as of and for the year ended December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the 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.

Prior year auditors

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 9, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2013 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Irvine, California
September 26, 2014

F. T. H. C. C. Employees' 401(k) Savings Plan

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

	2013	2012
ASSETS		
Investments at fair value:		
Money market funds	$ 3,693	$ 18,917
Mutual funds	8,316,166	6,396,128
Guaranteed investment contract	2,216,463	2,112,607
Stocks	-	211,688
Total investments	10,536,322	8,739,340
Receivables:		
Employer contributions	70,526	-
Participant notes receivable	158,204	176,725
Total receivables	228,730	176,725
Net assets available for benefits, at fair value	10,765,052	8,916,065
Adjustment of benefit-responsive gauranteed investment contract from fair value to contract value	(84,525)	(194,742)
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,680,527	$ 8,721,323

See accompanying notes

F. T. H. C. C. Employees' 401(k) Savings Plan

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

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Net appreciation in fair value of investments	$ 1,574,964
Interest on participant loans	5,870
Interest and dividends	53,393
Total investment income	1,634,227
Contributions:	
Employer contributions	70,526
Employee contributions	778,130
Rollover	85,792
Total contributions	934,448
Total additions	2,568,675
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	592,047
Administrative expenses	11,544
Other expenses	5,880
Total deductions	609,471
Increase in net assets available for benefits	1,959,204
Net assets available for benefits, beginning of year	8,721,323
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 10,680,527

See accompanying notes

Note 1 - Description of plan

The following description of F. T. H. C. C. Employees' 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

First Team Real Estate – Orange County; Hallmark Escrow Co., Inc; Coast Cities Escrow; Client Control Systems; Western Resources Title Company; Truth in Home Loans, Inc.; FT Services, Inc.; and Glennyre, LLC (collectively the "Company") established the Plan, which is a defined contribution plan for the benefit of its eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan provides for eligibility upon the (1) attainment of the age of eighteen and (2) completion of three consecutive months of employment, provided that the employee completes at least 1,000 hours per year of service during each year of employment.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation, as defined in the Plan document, up to the annual limit allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make after-tax Roth 401(k) contributions subject to certain limitations. Employee contributions to the Plan are made through regular payroll deductions.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Company may make discretionary matching contributions equal to a discretionary percentage of the participant's contributions subject to overall compensation limitations. The Company may also make a discretionary profit sharing contribution that is allocated to participants based on the participant's compensation for the Plan year in proportion to total compensation of all participants. A participant does not have to make contributions to the Plan to be eligible for an allocation of the discretionary profit sharing contribution. There were no discretionary profit sharing contributions during 2013 and 2012. Employer matching contributions in 2013 were 25% up to $500 per participant. There was no matching contribution on 2012.

Rollover contribution

The Plan provides for rollover contributions, which represent contributions by participants from other tax qualified retirement plans. The maximum amount of a participant's rollover contribution is not affected by the limits otherwise applicable to participant contributions.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution, if any, and (b) Plan earnings, and charged with an allocation of administrative expenses. The contributions are allocated within each participant account based upon the participant's investment elections. All amounts in participant accounts are participant-directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of plan (continued)

Vesting

Participants are immediately vested in their elective deferral and Roth 401(k) contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant vests in Company contributions at the rate of 20% per year beginning in year two and is 100% vested after six years of credited service.

Participant notes receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The notes are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan administrator at the time the note is made, currently 3.25% to 8.75% per annum. Note transactions are treated as transfers to (from) the investment funds from (to) a participant's note receivable. Note terms cannot exceed 5 years, unless the loan qualifies as a residential mortgage in which case a note term may qualify for a longer repayment period determined at the time the note is made. Principal and interest is paid ratably through payroll deductions.

Participant loans receivable are valued at cost, which approximate fair value. Notes to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Plan management has evaluated the collectability of notes receivable from participants and because they are secured by the participants account, an allowance has not been recorded. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits

Benefits are payable to participants or designated beneficiaries upon retirement, termination, death, disability or in-service if the participant has attained age 59 ½. Distributions may be paid in a lump-sum amount equal to the value of the participant's vested interest in his or her account, payments over a fixed period, or they may be rolled over into another plan or an individual retirement account. Partial distributions are permitted for in-service withdrawals and required minimum distributions.

If an employee's vested balance is less than $5,000, a lump-sum distribution of the vested account balance will be made, regardless of participant consent, as soon as administratively feasible. If an employee's vested account is greater that $5,000, the employee may delay the lump-sum distribution equal to the value of his or her vested account balance until the age of 59 ½.

Benefits are recorded when paid.

Hardship withdrawals

Participants may withdraw their elective contributions in the event of hardship as defined by the Plan agreement.

Administrative expenses

The Company pays a portion of the expenses incurred in the administration and operation of the Plan.

Forfeitures

Upon termination of employment, the unvested portion of a participant's Company contribution account is forfeited. Forfeitures are available to pay plan expenses or reduce Company contributions. At December 31, 2013, forfeited accounts available were $3,693. Forfeitures used to pay plan expenses were $1,050 in 2013.

Note 2 - Summary of accounting policies

Basis of accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator 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

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

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

Subsequent events

Management evaluates events occurring subsequent to December 31, 2013 in determining the accounting for and disclosure of events that affect the financial statements. The Plan has no subsequent events that required recognition or disclosure in the financial statements for the year ended December 31, 2013. Subsequent events were evaluated through September 26, 2014, which is the date the financial statements were available to be issued.

Note 3 - Information prepared and certified by the trustee

The following is a summary of the information included in the accompanying financial statements and supplemental information, which was prepared by or derived from information prepared and furnished to the Plan administrator by the trustee, ING National Trust, at December 31, 2013 and 2012 and for the year ended December 31, 2013. The Plan administrator has obtained certification from the custodian that such information is complete and accurate.

	2013	2012
Investments at fair value:		
Money market funds	$ 3,693	$ 18,917
Mutual funds	8,316,166	6,396,128
Guaranteed investment contract	2,216,463	2,122,607
Stocks	-	211,688
Total investments at fair value	$ 10,536,322	$ 8,739,340
Investment income:		
Net appreciation in fair value of investments	$ 1,574,964	
Interest on participant loans	5,870	
Interest and dividends	53,393	
Total investment income	$ 1,634,227	

Note 4 - Investments

The following investments represented 5% or more of the Plan's net assets at December 31, 2013 and 2012:

	2013	2012
ING Fixed Account	$ 2,216,463	$ 2,112,607
ING T. Rowe Price Growth Equity Portfolio - SVC	1,008,073	737,832
ING Oppenheimer Global Portfolio - SVC	735,491	533,222
ING FMR SM Diversified Mid-Cap Portfolio - SVC	668,277	**
ING Solution 2025 Portfolio - SVC	642,505	490,366
The Growth Fund of America – Class R-3	562,806	521,989
ING Solution 2045 Portfolio - SVC	554,725	**
ING PIMCO High Yield Portfolio - SVC	**	525,825

** Investment did not represent 5% or more of the Plan's net assets.

Net appreciation in fair value

For the year ended December 31, 2013, the Plan's investments appreciated (depreciated) as follows:

Mutual funds	$ 1,574,964

Note 5 - Fair value measurements

The net realized and unrealized investment gains or losses (net appreciation or depreciation in fair value of investments) are reflected in the accompanying statement of changes in net assets available for benefits and are determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements
The fair value of mutual funds and money market funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of stocks are based on the closing price reported on the active market where the individual securities are traded.

Note 5 - Fair value measurements (continued)

Level 2 Fair Value Measurements

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for the financial statement reporting purposes only. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

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

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Mutual funds:				
Bond funds	$ 965,169	$ 894,092	$ -	$ -
Global/international	1,144,471	1,144,471	-	-
Lifecycle funds	1,766,747	1,766,747	-	-
Balanced fund	243,423	314,500	-	-
Large-cap blend fund	523,426	523,426	-	-
Large-cap growth funds	1,570,879	1,570,879	-	-
Large-cap value fund	510,879	510,879	-	-
Mid-cap growth fund	668,277	668,277	-	-
Mid-cap blend fund	343,873	343,873	-	-
Mid-cap value funds	197,760	197,760	-	-
Small-cap growth fund	273,319	273,319	-	-
Small-cap blend fund	107,953	107,952	-	-
Total mutual funds	8,316,166	8,316,166	-	-
Guaranteed investment contract	2,216,463	-	2,216,463	-
Money Market funds	3,693	3,693	-	-
Total assets at fair value	$ 10,536,322	$ 8,319,859	$ 2,216,463	$ -

Note 5 - Fair value measurements (continued)

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2012				
Mutual funds:				
Bond funds	$ 990,047	$ 990,047	$ -	$ -
Global/international	1,055,342	1,055,342	-	-
Lifecycle funds	1,130,300	1,130,300	-	-
Balanced fund	378,312	378,312	-	-
Large-cap blend fund	329,648	329,648	-	-
Large-cap growth funds	1,259,821	1,259,821	-	-
Large-cap value fund	380,347	380,347	-	-
Mid-cap growth funds	434,198	434,198	-	-
Mid-cap blend fund	181,910	181,910	-	-
Mid-cap value funds	109,332	109,332	-	-
Small-cap growth fund	143,653	143,653	-	-
Small-cap blend fund	3,218	3,218	-	-
Total mutual funds	6,396,128	6,396,128	-	-
Guaranteed investment contract	2,112,607	-	2,112,607	-
Stocks	211,688	211,688	-	-
Money market fund	18,917	18,917	-	-
Total assets at fair value	$ 8,739,340	$ 6,626,733	$ 2,112,607	$ -

Note 6 – Guaranteed investment contract with ING National Trust

In 2007, the Plan entered into a fully benefit-responsive guaranteed investment contract with ING National Trust. ING National Trust 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. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by ING National Trust, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012, was $2,216,463 and $2,112,607, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Note 6 – Guaranteed investment contract with ING National Trust (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan 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 ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

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

The average yields earned by the guaranteed investment contract are as follows:

	2013	2012
Average yields:		
Based on actual earnings	3.0%	3.6%
Based on interest rate credited to participants	3.0%	3.6%

Note 7 - Income tax status

The Plan adopted the ING Life Insurance and Annuity Company Non-Standardized 401(k) Profit Sharing Plan #01-005 ("the Prototype Plan"). The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 8 - Plan termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the company chooses to dissolve the Plan, participants will become 100% vested in Company contributions.

Note 9 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuations, valuations and credit risk. 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 10 - Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 to Schedule H of Form 5500:

	2013
Net assets available for benefits per the financial statements	$ 10,680,527
Employer contribution receivable	(70,526)
Net assets available for benefits per Schedule H of Form 5500	$ 10,610,001

The following is a reconciliation of employer contributions per the financial statements at December 31, 2013 to Schedule H of Form 5500:

	2013
Employer contributions per the financial statements	$ 70,526
Employer contributions receivable	(70,526)
Employer contributions per Schedule H of Form 5500	$ -

Supplemental Information

F. T. H. C. C. Employees' 401(k) Savings Plan

Form 5500 - Schedule H, Part IV, Line 4i
Scheule of Assets held for Investment Purposes at Year end
December 31, 2013
EIN: 33-0311423
PN: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value
*	ING	ING Fixed Account, crediting interest rate 3.0%	$ 2,216,463
*	ING	ING T.Rowe Price Growth Equity Portfolio - SVC	1,008,073
*	ING	ING Oppenheimer Global Portfolio - SVC	735,491
*	ING	ING PIMCO High Yield Portfolio - SVC	524,220
	American Funds	The Growth Fund of America - Class R3	562,806
*	ING	ING Solution 2025 Portfolio - SVC	642,505
*	ING	ING FMR SM Diversified Mid-Cap Portfolio - SVC	668,277
*	ING	ING Intermediate Bond Fund- Class R	326,410
	Pioneer	Pioneer Equity Income Fund - Class R	510,870
	American Funds	American Balanced Fund	314,500
*	ING	ING U.S. Stock Index Portfolio	523,426
*	ING	ING Solution 2045 Portfolio - SVC	554,725
*	ING	ING JPMorgan Emerging Markets Equity Portfolio - SVC	173,726
	Thornburg Investments	Thornburg International Value Fund - Class R4	235,254
*	ING	ING Solution 2035 Portfolio - SVC	374,246
*	ING	ING Russell Mid-Cap Index Portfolio	343,873
	Wanger USA	Wanger USA Fund	273,319
*	ING	ING Solution 2015 Portfolio - SVC	145,229
	Ridgeworth Investments	Ridgeworth Mid-Cap Value Equity Fund - Class A	89,859
*	ING	ING American Century Small/Mid-Cap Value Portfolio	107,901
	PIMCO	PIMCO Real Return - Class A	43,462
*	ING	ING Solution Income Portfolio - SVC	20,726
*	ING	ING Solution 2055 Portfolio - SVC	29,316
*	ING	ING Russell Small-Cap Index Portfolio	107,952
*	ING	ING Money Market Fund - Class A	3,693
*	Participant loans	Interest rates from 3.25% to 8.75%, collateral is vested interest in participants' accounts and latest maturity is 2018.	158,204
			$ 10,694,526

An " * " in column (a) denotes a party-in-interest as defined by ERISA.
Column (d) is omitted as all investments are participant directed.

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
FTHCC Employees' 401(k) Savings Plan
EIN#33-0311423
Plan#001
As Of December 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R3	Registered Investment Company		$314,500
	American Funds Growth Fnd R3	Registered Investment Company		$562,806
*	ING AmCen Sm-MdCp Vl Pt Srv	Registered Investment Company		$107,901
*	ING Fixed Account	Insurance Company General Account		$2,131,938
*	ING FMR Divr MdCp Port Srv	Registered Investment Company		$668,277
*	ING High Yield Portfolio Srv	Registered Investment Company		$524,220
*	ING Intermediate Bond Fund R	Registered Investment Company		$326,410
*	ING JPM Emrg Mkts Eq Port Srv	Registered Investment Company		$173,726
*	ING Mny Mkt Fd A	Registered Investment Company		$3,693
*	ING Oppenhmr Global Port Srv	Registered Investment Company		$735,491
*	ING Russell MdCp Indx Prt S	Registered Investment Company		$343,873
*	ING Russell SmCp Indx Prt S	Registered Investment Company		$107,953
*	ING Solution 2015 Port Srv	Registered Investment Company		$145,229
*	ING Solution 2025 Port Srv	Registered Investment Company		$642,505
*	ING Solution 2035 Port Srv	Registered Investment Company		$374,246
*	ING Solution 2045 Port Srv	Registered Investment Company		$554,725
*	ING Solution 2055 Port Srv	Registered Investment Company		$29,316
*	ING Solution Inc Port Srv	Registered Investment Company		$20,726
*	ING TRowePrc Grw Eqty Pt Srv	Registered Investment Company		$1,008,073
*	ING US Stock Index Port Srv	Registered Investment Company		$523,426
	PIMCO Real Return Fund-A	Registered Investment Company		$43,462
	Pioneer Equity Income Fund R	Registered Investment Company		$510,870
	RidgeWorth MdCp Vl Eqty Fnd A	Registered Investment Company		$89,859
	Thornburg Intl Value Fnd R4	Registered Investment Company		$235,254
	Wanger USA	Registered Investment Company		$273,319
		Participant Loans - Rates 3.25% to 3.25%		$158,204
	TOTAL			$10,610,001

* denotes party-in-interest

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

ROBERT R. REDWITZ & CO.
An Accounting and Consulting Corporation

Report of Independent Auditors and
Financial Statements for

F. T. H. C. C. Employees' 401(k) Savings Plan

December 31, 2013 and 2012

F.T.H.C.C. Employees' 401(k) Savings Plan

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ROBERT R. REDWITZ & CO.
An Accounting and Consulting Corporation

Independent Auditors' Report

To the Plan Administrator
F. T. H. C. C. Employees' 401(k) Savings Plan
Irvine, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of F. T. H. C. C. Employees' 401(K) Savings Plan ("the Plan"), which are comprised of the statement of net assets available for benefits as of December 31, 2013, 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING National Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee 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 on the 2013 financial statements. Accordingly, we do not express an opinion on the accompanying 2013 financial statements.

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La Jolla, California 92037-1354
(858) 455-9000 ● (877) 576-1514
(858) 455-8279 fax

Other Matters

Supplemental schedule

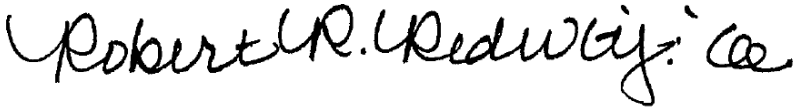
The supplemental Schedule of Assets Held For Investment Purposes at Year End as of and for the year ended December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the 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.

Prior year auditors

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 9, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2013 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Irvine, California
September 26, 2014

F. T. H. C. C. Employees' 401(k) Savings Plan

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

	2013	2012
ASSETS		
Investments at fair value:		
Money market funds	$ 3,693	$ 18,917
Mutual funds	8,316,166	6,396,128
Guaranteed investment contract	2,216,463	2,112,607
Stocks	-	211,688
Total investments	10,536,322	8,739,340
Receivables:		
Employer contributions	70,526	-
Participant notes receivable	158,204	176,725
Total receivables	228,730	176,725
Net assets available for benefits, at fair value	10,765,052	8,916,065
Adjustment of benefit-responsive gauranteed investment contract from fair value to contract value	(84,525)	(194,742)
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,680,527	$ 8,721,323

See accompanying notes

F. T. H. C. C. Employees' 401(k) Savings Plan

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

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Net appreciation in fair value of investments	$ 1,574,964
Interest on participant loans	5,870
Interest and dividends	53,393
Total investment income	1,634,227
Contributions:	
Employer contributions	70,526
Employee contributions	778,130
Rollover	85,792
Total contributions	934,448
Total additions	2,568,675
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	592,047
Administrative expenses	11,544
Other expenses	5,880
Total deductions	609,471
Increase in net assets available for benefits	1,959,204
Net assets available for benefits, beginning of year	8,721,323
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 10,680,527

See accompanying notes

Note 1 - Description of plan

The following description of F. T. H. C. C. Employees' 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

First Team Real Estate – Orange County; Hallmark Escrow Co., Inc; Coast Cities Escrow; Client Control Systems; Western Resources Title Company; Truth in Home Loans, Inc.; FT Services, Inc.; and Glennyre, LLC (collectively the "Company") established the Plan, which is a defined contribution plan for the benefit of its eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan provides for eligibility upon the (1) attainment of the age of eighteen and (2) completion of three consecutive months of employment, provided that the employee completes at least 1,000 hours per year of service during each year of employment.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation, as defined in the Plan document, up to the annual limit allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make after-tax Roth 401(k) contributions subject to certain limitations. Employee contributions to the Plan are made through regular payroll deductions.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Company may make discretionary matching contributions equal to a discretionary percentage of the participant's contributions subject to overall compensation limitations. The Company may also make a discretionary profit sharing contribution that is allocated to participants based on the participant's compensation for the Plan year in proportion to total compensation of all participants. A participant does not have to make contributions to the Plan to be eligible for an allocation of the discretionary profit sharing contribution. There were no discretionary profit sharing contributions during 2013 and 2012. Employer matching contributions in 2013 were 25% up to $500 per participant. There was no matching contribution on 2012.

Rollover contribution

The Plan provides for rollover contributions, which represent contributions by participants from other tax qualified retirement plans. The maximum amount of a participant's rollover contribution is not affected by the limits otherwise applicable to participant contributions.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution, if any, and (b) Plan earnings, and charged with an allocation of administrative expenses. The contributions are allocated within each participant account based upon the participant's investment elections. All amounts in participant accounts are participant-directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of plan (continued)

Vesting

Participants are immediately vested in their elective deferral and Roth 401(k) contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant vests in Company contributions at the rate of 20% per year beginning in year two and is 100% vested after six years of credited service.

Participant notes receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The notes are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan administrator at the time the note is made, currently 3.25% to 8.75% per annum. Note transactions are treated as transfers to (from) the investment funds from (to) a participant's note receivable. Note terms cannot exceed 5 years, unless the loan qualifies as a residential mortgage in which case a note term may qualify for a longer repayment period determined at the time the note is made. Principal and interest is paid ratably through payroll deductions.

Participant loans receivable are valued at cost, which approximate fair value. Notes to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Plan management has evaluated the collectability of notes receivable from participants and because they are secured by the participants account, an allowance has not been recorded. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits

Benefits are payable to participants or designated beneficiaries upon retirement, termination, death, disability or in-service if the participant has attained age 59 ½. Distributions may be paid in a lump-sum amount equal to the value of the participant's vested interest in his or her account, payments over a fixed period, or they may be rolled over into another plan or an individual retirement account. Partial distributions are permitted for in-service withdrawals and required minimum distributions.

If an employee's vested balance is less than $5,000, a lump-sum distribution of the vested account balance will be made, regardless of participant consent, as soon as administratively feasible. If an employee's vested account is greater that $5,000, the employee may delay the lump-sum distribution equal to the value of his or her vested account balance until the age of 59 ½.

Benefits are recorded when paid.

Hardship withdrawals

Participants may withdraw their elective contributions in the event of hardship as defined by the Plan agreement.

Administrative expenses

The Company pays a portion of the expenses incurred in the administration and operation of the Plan.

Forfeitures

Upon termination of employment, the unvested portion of a participant's Company contribution account is forfeited. Forfeitures are available to pay plan expenses or reduce Company contributions. At December 31, 2013, forfeited accounts available were $3,693. Forfeitures used to pay plan expenses were $1,050 in 2013.

Note 2 - Summary of accounting policies

Basis of accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator 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

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

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

Subsequent events

Management evaluates events occurring subsequent to December 31, 2013 in determining the accounting for and disclosure of events that affect the financial statements. The Plan has no subsequent events that required recognition or disclosure in the financial statements for the year ended December 31, 2013. Subsequent events were evaluated through September 26, 2014, which is the date the financial statements were available to be issued.

Note 3 - Information prepared and certified by the trustee

The following is a summary of the information included in the accompanying financial statements and supplemental information, which was prepared by or derived from information prepared and furnished to the Plan administrator by the trustee, ING National Trust, at December 31, 2013 and 2012 and for the year ended December 31, 2013. The Plan administrator has obtained certification from the custodian that such information is complete and accurate.

	2013	2012
Investments at fair value:		
Money market funds	$ 3,693	$ 18,917
Mutual funds	8,316,166	6,396,128
Guaranteed investment contract	2,216,463	2,122,607
Stocks	-	211,688
Total investments at fair value	$ 10,536,322	$ 8,739,340
Investment income:		
Net appreciation in fair value of investments	$ 1,574,964	
Interest on participant loans	5,870	
Interest and dividends	53,393	
Total investment income	$ 1,634,227	

Note 4 - Investments

The following investments represented 5% or more of the Plan's net assets at December 31, 2013 and 2012:

	2013	2012
ING Fixed Account	$ 2,216,463	$ 2,112,607
ING T. Rowe Price Growth Equity Portfolio - SVC	1,008,073	737,832
ING Oppenheimer Global Portfolio - SVC	735,491	533,222
ING FMR SM Diversified Mid-Cap Portfolio - SVC	668,277	**
ING Solution 2025 Portfolio - SVC	642,505	490,366
The Growth Fund of America – Class R-3	562,806	521,989
ING Solution 2045 Portfolio - SVC	554,725	**
ING PIMCO High Yield Portfolio - SVC	**	525,825

** Investment did not represent 5% or more of the Plan's net assets.

Net appreciation in fair value

For the year ended December 31, 2013, the Plan's investments appreciated (depreciated) as follows:

Mutual funds	$ 1,574,964

Note 5 - Fair value measurements

The net realized and unrealized investment gains or losses (net appreciation or depreciation in fair value of investments) are reflected in the accompanying statement of changes in net assets available for benefits and are determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements
The fair value of mutual funds and money market funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of stocks are based on the closing price reported on the active market where the individual securities are traded.

Note 5 - Fair value measurements (continued)

Level 2 Fair Value Measurements

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for the financial statement reporting purposes only. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

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

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Mutual funds:				
Bond funds	$ 965,169	$ 894,092	$ -	$ -
Global/international	1,144,471	1,144,471	-	-
Lifecycle funds	1,766,747	1,766,747	-	-
Balanced fund	243,423	314,500	-	-
Large-cap blend fund	523,426	523,426	-	-
Large-cap growth funds	1,570,879	1,570,879	-	-
Large-cap value fund	510,879	510,879	-	-
Mid-cap growth fund	668,277	668,277	-	-
Mid-cap blend fund	343,873	343,873	-	-
Mid-cap value funds	197,760	197,760	-	-
Small-cap growth fund	273,319	273,319	-	-
Small-cap blend fund	107,953	107,952	-	-
Total mutual funds	8,316,166	8,316,166	-	-
Guaranteed investment contract	2,216,463	-	2,216,463	-
Money Market funds	3,693	3,693	-	-
Total assets at fair value	$ 10,536,322	$ 8,319,859	$ 2,216,463	$ -

Note 5 - Fair value measurements (continued)

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2012				
Mutual funds:				
Bond funds	$ 990,047	$ 990,047	$ -	$ -
Global/international	1,055,342	1,055,342	-	-
Lifecycle funds	1,130,300	1,130,300	-	-
Balanced fund	378,312	378,312	-	-
Large-cap blend fund	329,648	329,648	-	-
Large-cap growth funds	1,259,821	1,259,821	-	-
Large-cap value fund	380,347	380,347	-	-
Mid-cap growth funds	434,198	434,198	-	-
Mid-cap blend fund	181,910	181,910	-	-
Mid-cap value funds	109,332	109,332	-	-
Small-cap growth fund	143,653	143,653	-	-
Small-cap blend fund	3,218	3,218	-	-
Total mutual funds	6,396,128	6,396,128	-	-
Guaranteed investment contract	2,112,607	-	2,112,607	-
Stocks	211,688	211,688	-	-
Money market fund	18,917	18,917	-	-
Total assets at fair value	$ 8,739,340	$ 6,626,733	$ 2,112,607	$ -

Note 6 – Guaranteed investment contract with ING National Trust

In 2007, the Plan entered into a fully benefit-responsive guaranteed investment contract with ING National Trust. ING National Trust 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. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by ING National Trust, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012, was $2,216,463 and $2,112,607, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Note 6 – Guaranteed investment contract with ING National Trust (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan 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 ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

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

The average yields earned by the guaranteed investment contract are as follows:

	2013	2012
Average yields:		
Based on actual earnings	3.0%	3.6%
Based on interest rate credited to participants	3.0%	3.6%

Note 7 - Income tax status

The Plan adopted the ING Life Insurance and Annuity Company Non-Standardized 401(k) Profit Sharing Plan #01-005 ("the Prototype Plan"). The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 8 - Plan termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the company chooses to dissolve the Plan, participants will become 100% vested in Company contributions.

Note 9 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuations, valuations and credit risk. 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 10 - Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 to Schedule H of Form 5500:

	2013
Net assets available for benefits per the financial statements	$ 10,680,527
Employer contribution receivable	(70,526)
Net assets available for benefits per Schedule H of Form 5500	$ 10,610,001

The following is a reconciliation of employer contributions per the financial statements at December 31, 2013 to Schedule H of Form 5500:

	2013
Employer contributions per the financial statements	$ 70,526
Employer contributions receivable	(70,526)
Employer contributions per Schedule H of Form 5500	$ -

Supplemental Information

F. T. H. C. C. Employees' 401(k) Savings Plan

Form 5500 - Schedule H, Part IV, Line 4i
Scheule of Assets held for Investment Purposes at Year end
December 31, 2013
EIN: 33-0311423
PN: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value
*	ING	ING Fixed Account, crediting interest rate 3.0%	$ 2,216,463
*	ING	ING T.Rowe Price Growth Equity Portfolio - SVC	1,008,073
*	ING	ING Oppenheimer Global Portfolio - SVC	735,491
*	ING	ING PIMCO High Yield Portfolio - SVC	524,220
	American Funds	The Growth Fund of America - Class R3	562,806
*	ING	ING Solution 2025 Portfolio - SVC	642,505
*	ING	ING FMR SM Diversified Mid-Cap Portfolio - SVC	668,277
*	ING	ING Intermediate Bond Fund- Class R	326,410
	Pioneer	Pioneer Equity Income Fund - Class R	510,870
	American Funds	American Balanced Fund	314,500
*	ING	ING U.S. Stock Index Portfolio	523,426
*	ING	ING Solution 2045 Portfolio - SVC	554,725
*	ING	ING JPMorgan Emerging Markets Equity Portfolio - SVC	173,726
	Thornburg Investments	Thornburg International Value Fund - Class R4	235,254
*	ING	ING Solution 2035 Portfolio - SVC	374,246
*	ING	ING Russell Mid-Cap Index Portfolio	343,873
	Wanger USA	Wanger USA Fund	273,319
*	ING	ING Solution 2015 Portfolio - SVC	145,229
	Ridgeworth Investments	Ridgeworth Mid-Cap Value Equity Fund - Class A	89,859
*	ING	ING American Century Small/Mid-Cap Value Portfolio	107,901
	PIMCO	PIMCO Real Return - Class A	43,462
*	ING	ING Solution Income Portfolio - SVC	20,726
*	ING	ING Solution 2055 Portfolio - SVC	29,316
*	ING	ING Russell Small-Cap Index Portfolio	107,952
*	ING	ING Money Market Fund - Class A	3,693
*	Participant loans	Interest rates from 3.25% to 8.75%, collateral is vested interest in participants' accounts and latest maturity is 2018.	158,204
			$ 10,694,526

An " * " in column (a) denotes a party-in-interest as defined by ERISA.
Column (d) is omitted as all investments are participant directed.