

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>PMG RESEARCH, INC. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1992</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>56-1246670</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>336-714-2646</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1992</u>		2b Employer Identification Number (EIN) <u>56-1246670</u>		2c Sponsor's telephone number <u>336-714-2646</u>		2d Business code (see instructions) <u>541990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1992</u>											
2b Employer Identification Number (EIN) <u>56-1246670</u>											
2c Sponsor's telephone number <u>336-714-2646</u>											
2d Business code (see instructions) <u>541990</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PMG RESEARCH, INC.</u> <u>4505 COUNTRY CLUB ROAD</u> <u>SUITE 110</u> <u>WINSTON-SALEM, NC 27104</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/09/2014</u>	<u>ASHLEY BLINSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	166
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	130
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	31
d Subtotal. Add lines 6a , 6b , and 6c		6d	161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	112
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 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

A Name of plan <u>PMG RESEARCH, INC. 401K PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMG RESEARCH, INC.</u>	D Employer Identification Number (EIN) <u>56-1246670</u>

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)..... ☐ Yes ☒ No

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

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

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

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

PLYBON & ASSOCIATES, INC.

6518 AIRPORT CENTER DRIVE
GREENSBORO, NC 27409

(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?
14 15 16 26 27 34 37 38 50 64	TPA	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

M HOLDING SECURITIES INC.

1125 NW COUCH STREET
SUITE 900
PORTLAND, OR 97209

(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?
22 33 71	BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPITAL BANK & TRUST COMPANY

P. O. BOX 6040
INDIANAPOLIS, IN 46240

(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?
15 34 38 49 50 51 64 65	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>PMG RESEARCH, INC. 401K PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMG RESEARCH, INC.</u>		D Employer Identification Number (EIN) <u>56-1246670</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	3965	4834
	(2) Participant contributions	1b(2)	26457	14212
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	118018	270348
	(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)		
	(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)	3260711	4110942
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3409151	4400336

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3409151	4400336
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	52584	
(B) Participants	2a(1)(B)	298658	
(C) Others (including rollovers)	2a(1)(C)	4903	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		356145

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		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)		
(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)		812615
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1168760

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	177575	
(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)		177575
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		177575

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		991185
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRAY CALLISON CO., PA

(2) EIN: 56-1285792

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 <u>PMG RESEARCH, INC. 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMG RESEARCH, INC.</u>	D Employer Identification Number (EIN) <u>56-1246670</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1935834</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PMG RESEARCH, INC. 401(K) PLAN

*Financial Statements
and
Supplementary Information*

Years Ended December 31, 2013 and 2012

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- * Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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NORTH CAROLINA ASSOCIATION
OF CERTIFIED PUBLIC
ACCOUNTANTS

August 21, 2014

INDEPENDENT AUDITORS' REPORT

To the Trustees
PMG Research, Inc. 401(k) Plan
Winston-Salem, North Carolina

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the Custodian of the Plan, Capital Bank and Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

(Continued)

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gray Collins & Co., P.A.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments, at fair value		
Interest in registered investment companies	\$ 4,110,942	\$ 3,260,711
Receivables		
Employer contributions	4,834	3,965
Employee contributions	<u>14,212</u>	<u>26,457</u>
	19,046	30,422
Cash	<u>270,348</u>	<u>118,018</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment return	\$ 812,615	\$ 416,711
Contributions:		
Employer	52,584	51,952
Employee	<u>303,561</u>	<u>292,339</u>
	<u>356,145</u>	<u>344,291</u>
TOTAL ADDITIONS	<u>1,168,760</u>	<u>761,002</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to plan participants	<u>177,575</u>	<u>287,884</u>
NET INCREASE	991,185	473,118
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,409,151</u>	<u>2,936,033</u>
END OF YEAR	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A: DESCRIPTION OF PLAN

General

The PMG Research, Inc. 401(k) Plan (the "Plan"), and formerly known as Piedmont Medical Research Associates, Inc. 401(k) Plan, was established to provide retirement benefits for employees of PMG Research, Inc. and all of its affiliate sites (the "Company"). Eligible employees become participants in the Plan following one year of continuous service, a minimum of 1,000 hours, and attainment of age 21, as defined in the Plan agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may make elective deferral contributions to the Plan. The Company contributes 25% of the participant's pre-tax contributions, but not to exceed 6% of the participant's compensation. Total contributions, both participant and employer, including discretionary, are subject to the limits of the Internal Revenue Code (the "IRC") Section 415(c). Participant contributions and employer matching contributions of certain highly compensated participants may also be limited based on contribution nondiscrimination tests described in IRC Section 401(k) and 401(m).

Employer contributions include employer discretionary matching contributions, if any, and are determined annually by the employer. Participant contributions consist of participant pre-tax and rollover contributions.

As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), individuals who will be 50 years or older at December 31, 2013 and 2012, are allowed to partially make up for years when 401(k) pre-tax deferrals did not exist and for years when participants had not maximized their 401(k) savings opportunities. Annual catch-up contributions are limited to \$5,500 in 2013 and 2012. There is no company match on catch-up contributions.

Participant Accounts and Vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, and an allocation of the Plan's earnings and certain administrative expenses. The Plan's earnings and administrative expenses are allocated according to participants' relative account balances.

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

Investment Options - Participant Directed

Plan participants may direct the investment of their employee contributions and related employer matching contributions in any of the investment options available by the Plan through its Trustee. Accordingly, substantially all of the Plan's investment assets are participant-directed.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Withdrawals and Distributions

On termination of service, a participant may elect to receive a lump-sum amount, in cash or in-kind, equal to their vested value of his or her accounts. Benefits are recorded when paid.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participant withdrawals are limited to deferred account balances.

In-service distributions may be made to a participant who has not separated from service provided that the participant has attained age 60, and the participant has been a participant in the Plan for at least 15 years.

Terminated Participant Balances

As of December 31, 2013, \$320,242 in vested participant balances of total net plan assets available for benefits of \$4,400,336 was allocated to participants who have withdrawn from participation in the Plan's operations due to termination.

Administrative Expenses

Certain administrative expenses for maintaining the Plan, such as expenses incurred for contract pension recordkeeping services are paid by the Plan's Sponsor.

Plan Termination

The Company has the right to terminate the Plan at any time. In the event of plan termination, the respective participant's interest, will become fully vested and will be distributed to each participant as prescribed by the Plan and ERISA.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

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

NOTE C: INVESTMENTS

The Custodian of the Plan's investment assets is Capital Bank and Trust Company (Capital Bank). Information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Plan's Custodian, Capital Bank, as of and for the years ended December 31, 2013 and 2012. The following table summarizes the Plan's investments at December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets in 2013 and 2012 are separately identified.

	Fair Value at December 31,	
	2013	2012
INVESTMENTS		
Interest in registered investment companies:		
Capital Bank and Trust Company:		
Investment Funds:		
AMCAP Fund	\$ 586,138	\$ 433,140
New Perspective Fund	397,481	326,545
American Funds Target 2015	490,380	316,913
SMALCAP World Fund	327,511	252,166
Washington Mutual Investors	963,704	730,063
Other	<u>1,345,728</u>	<u>1,201,884</u>
	4,110,942	3,260,711
Cash	<u>270,348</u>	<u>118,018</u>
	<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>
Investment return for the years ended		
December 31, 2013 and 2012	<u>\$ 812,615</u>	<u>\$ 416,711</u>

The Plan's Custodian did not provide the Plan Administrator the components of investment return (e.g. net appreciation/depreciation, dividends and interest income), but rather provided information regarding investment return as an aggregate amount. Accordingly, the components of investment return are not reflected in the accompanying financial statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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.

	2013 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2013		
Interest in registered investment companies (1)	\$ 4,110,942	\$ 4,110,942
Money market (2)	<u>270,348</u>	<u>270,348</u>
Total	<u>\$ 4,381,290</u>	<u>\$ 4,381,290</u>

	2012 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2012		
Interest in registered investment companies (3)	\$ 3,260,711	\$ 3,260,711
Money Market (2)	<u>118,018</u>	<u>118,018</u>
Total	<u>\$ 3,378,729</u>	<u>\$ 3,378,729</u>

(1) This class represents positions in registered investment funds of large cap growth 15.2%, large cap blend 1.0%, large cap value 23.4%, world stock 18.7%, world bond 2.5%, world allocation 1.1%, diversified emerging markets 2.5%, intermediate government 3.3%, and balanced 32.3%.

(2) This class includes a money market fund totaling 100% of this position.

(3) This class represents positions in registered investment funds of large cap growth 13.8%, large cap blend .5%, large cap value 22.4%, world stock 18.3%, world bond 1.4%, world allocation .7%, diversified emerging markets .4%, intermediate government .7% and balanced 41.8%.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, 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 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 is based on quoted net asset values of the shares held by the Plan at year end.

NOTE E: RELATED PARTIES

The Plan Sponsor and Administrator is the employer, PMG Research, Inc. Capital Bank and Trust Company and Plybon and Associates, Inc. provide pension and recordkeeping services for the Plan. John D. White is the Trustee of the Plan.

NOTE F: INCOME TAX STATUS

The Plan has adopted the Capital Bank and Trust Company's Defined Contribution Prototype Plan and Trust. Employers who adopt and operate under this plan arrangement are considered to have a plan qualified under Internal Revenue Code Section 401(a). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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 or Department of Labor. 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 files its income tax returns in the U.S. Federal jurisdiction. For tax years after 2009, the Plan's income tax returns remain subject to examination by applicable tax jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G: SUBSEQUENT EVENTS

The Plan evaluated the effects subsequent events would have on the financial statements through August 21, 2014, which is the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION

PMG RESEARCH, INC. 401(k) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES
Plan Sponsor EIN 56-1246670
Plan No. 003
Years Ended December 31, 2013 and 2012

		December 31, 2013 (e) Current Value	December 31, 2012 (e) Current Value
(a)	(b) Identity of issue, borrower, lessor or similar party		
	Interest in registered investment companies:		
	Investment funds:		
*	American Funds:		
	AMCAP Fund	\$ 586,138	\$ 433,140
	Balanced Fund	193,096	120,617
	Capital Income Builder	46,272	22,067
	Capital World Bond Fund	102,169	44,541
	Capital World Growth & Income	43,092	18,082
	Fundamental Investors	39,588	16,826
	Growth Fund of America	40,457	17,960
	New Perspective Fund	397,481	326,545
	New World Fund	102,428	13,951
	SMALLCAP World Fund	327,511	252,166
	Target 2015	490,380	316,913
	Target 2020	191,031	154,703
	Target 2025	36,470	22,819
	Target 2030	213,935	599,890
	Target 2035	6,642	9,754
	Target 2040	66,575	67,044
	Target 2045	66,892	41,057
	Target 2050	26,669	13,767
	Target 2055	35,630	16,242
	U.S. Government Securities	134,782	22,564
	Washington Mutual Investors	<u>963,704</u>	<u>730,063</u>
		4,110,942	3,260,711
	Cash:		
*	American Funds		
	Money Market Fund	<u>270,348</u>	<u>118,018</u>
		<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>

* Indicates Party-In-Interest

Note 1: All Plan investment assets are managed by Capital Bank and Trust Company, a party-in-interest to the Plan.

Note 2: Cost has been omitted as the investment is participant directed.

Information included in this schedule has been certified s complete and accurate by Capital Bank and Trust Company, Custodian of the Plan.

See auditors' report.

PMG RESEARCH, INC. 401(K) PLAN

*Financial Statements
and
Supplementary Information*

Years Ended December 31, 2013 and 2012

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- * Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

MICHAEL G. CALLISON, CPA
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AMERICAN INSTITUTE OF
CERTIFIED PUBLIC
ACCOUNTANTS

NORTH CAROLINA ASSOCIATION
OF CERTIFIED PUBLIC
ACCOUNTANTS

August 21, 2014

INDEPENDENT AUDITORS' REPORT

To the Trustees
PMG Research, Inc. 401(k) Plan
Winston-Salem, North Carolina

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the Custodian of the Plan, Capital Bank and Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

(Continued)

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gray Collins & Co., P.A.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments, at fair value		
Interest in registered investment companies	\$ 4,110,942	\$ 3,260,711
Receivables		
Employer contributions	4,834	3,965
Employee contributions	<u>14,212</u>	<u>26,457</u>
	19,046	30,422
Cash	<u>270,348</u>	<u>118,018</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment return	\$ 812,615	\$ 416,711
Contributions:		
Employer	52,584	51,952
Employee	<u>303,561</u>	<u>292,339</u>
	<u>356,145</u>	<u>344,291</u>
TOTAL ADDITIONS	<u>1,168,760</u>	<u>761,002</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to plan participants	<u>177,575</u>	<u>287,884</u>
NET INCREASE	991,185	473,118
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,409,151</u>	<u>2,936,033</u>
END OF YEAR	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A: DESCRIPTION OF PLAN

General

The PMG Research, Inc. 401(k) Plan (the "Plan"), and formerly known as Piedmont Medical Research Associates, Inc. 401(k) Plan, was established to provide retirement benefits for employees of PMG Research, Inc. and all of its affiliate sites (the "Company"). Eligible employees become participants in the Plan following one year of continuous service, a minimum of 1,000 hours, and attainment of age 21, as defined in the Plan agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may make elective deferral contributions to the Plan. The Company contributes 25% of the participant's pre-tax contributions, but not to exceed 6% of the participant's compensation. Total contributions, both participant and employer, including discretionary, are subject to the limits of the Internal Revenue Code (the "IRC") Section 415(c). Participant contributions and employer matching contributions of certain highly compensated participants may also be limited based on contribution nondiscrimination tests described in IRC Section 401(k) and 401(m).

Employer contributions include employer discretionary matching contributions, if any, and are determined annually by the employer. Participant contributions consist of participant pre-tax and rollover contributions.

As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), individuals who will be 50 years or older at December 31, 2013 and 2012, are allowed to partially make up for years when 401(k) pre-tax deferrals did not exist and for years when participants had not maximized their 401(k) savings opportunities. Annual catch-up contributions are limited to \$5,500 in 2013 and 2012. There is no company match on catch-up contributions.

Participant Accounts and Vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, and an allocation of the Plan's earnings and certain administrative expenses. The Plan's earnings and administrative expenses are allocated according to participants' relative account balances.

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

Investment Options - Participant Directed

Plan participants may direct the investment of their employee contributions and related employer matching contributions in any of the investment options available by the Plan through its Trustee. Accordingly, substantially all of the Plan's investment assets are participant-directed.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Withdrawals and Distributions

On termination of service, a participant may elect to receive a lump-sum amount, in cash or in-kind, equal to their vested value of his or her accounts. Benefits are recorded when paid.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participant withdrawals are limited to deferred account balances.

In-service distributions may be made to a participant who has not separated from service provided that the participant has attained age 60, and the participant has been a participant in the Plan for at least 15 years.

Terminated Participant Balances

As of December 31, 2013, \$320,242 in vested participant balances of total net plan assets available for benefits of \$4,400,336 was allocated to participants who have withdrawn from participation in the Plan's operations due to termination.

Administrative Expenses

Certain administrative expenses for maintaining the Plan, such as expenses incurred for contract pension recordkeeping services are paid by the Plan's Sponsor.

Plan Termination

The Company has the right to terminate the Plan at any time. In the event of plan termination, the respective participant's interest, will become fully vested and will be distributed to each participant as prescribed by the Plan and ERISA.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

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

NOTE C: INVESTMENTS

The Custodian of the Plan's investment assets is Capital Bank and Trust Company (Capital Bank). Information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Plan's Custodian, Capital Bank, as of and for the years ended December 31, 2013 and 2012. The following table summarizes the Plan's investments at December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets in 2013 and 2012 are separately identified.

	Fair Value at December 31,	
	2013	2012
INVESTMENTS		
Interest in registered investment companies:		
Capital Bank and Trust Company:		
Investment Funds:		
AMCAP Fund	\$ 586,138	\$ 433,140
New Perspective Fund	397,481	326,545
American Funds Target 2015	490,380	316,913
SMALCAP World Fund	327,511	252,166
Washington Mutual Investors	963,704	730,063
Other	<u>1,345,728</u>	<u>1,201,884</u>
	4,110,942	3,260,711
Cash	<u>270,348</u>	<u>118,018</u>
	<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>
Investment return for the years ended		
December 31, 2013 and 2012	<u>\$ 812,615</u>	<u>\$ 416,711</u>

The Plan's Custodian did not provide the Plan Administrator the components of investment return (e.g. net appreciation/depreciation, dividends and interest income), but rather provided information regarding investment return as an aggregate amount. Accordingly, the components of investment return are not reflected in the accompanying financial statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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.

	2013 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2013		
Interest in registered investment companies (1)	\$ 4,110,942	\$ 4,110,942
Money market (2)	<u>270,348</u>	<u>270,348</u>
Total	<u>\$ 4,381,290</u>	<u>\$ 4,381,290</u>

	2012 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2012		
Interest in registered investment companies (3)	\$ 3,260,711	\$ 3,260,711
Money Market (2)	<u>118,018</u>	<u>118,018</u>
Total	<u>\$ 3,378,729</u>	<u>\$ 3,378,729</u>

(1) This class represents positions in registered investment funds of large cap growth 15.2%, large cap blend 1.0%, large cap value 23.4%, world stock 18.7%, world bond 2.5%, world allocation 1.1%, diversified emerging markets 2.5%, intermediate government 3.3%, and balanced 32.3%.

(2) This class includes a money market fund totaling 100% of this position.

(3) This class represents positions in registered investment funds of large cap growth 13.8%, large cap blend .5%, large cap value 22.4%, world stock 18.3%, world bond 1.4%, world allocation .7%, diversified emerging markets .4%, intermediate government .7% and balanced 41.8%.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, 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 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 is based on quoted net asset values of the shares held by the Plan at year end.

NOTE E: RELATED PARTIES

The Plan Sponsor and Administrator is the employer, PMG Research, Inc. Capital Bank and Trust Company and Plybon and Associates, Inc. provide pension and recordkeeping services for the Plan. John D. White is the Trustee of the Plan.

NOTE F: INCOME TAX STATUS

The Plan has adopted the Capital Bank and Trust Company's Defined Contribution Prototype Plan and Trust. Employers who adopt and operate under this plan arrangement are considered to have a plan qualified under Internal Revenue Code Section 401(a). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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 or Department of Labor. 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 files its income tax returns in the U.S. Federal jurisdiction. For tax years after 2009, the Plan's income tax returns remain subject to examination by applicable tax jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G: SUBSEQUENT EVENTS

The Plan evaluated the effects subsequent events would have on the financial statements through August 21, 2014, which is the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION

PMG RESEARCH, INC. 401(k) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES
Plan Sponsor EIN 56-1246670
Plan No. 003
Years Ended December 31, 2013 and 2012

		December 31, 2013 (e) Current Value	December 31, 2012 (e) Current Value
(a)	(b) Identity of issue, borrower, lessor or similar party		
	Interest in registered investment companies:		
	Investment funds:		
*	American Funds:		
	AMCAP Fund	\$ 586,138	\$ 433,140
	Balanced Fund	193,096	120,617
	Capital Income Builder	46,272	22,067
	Capital World Bond Fund	102,169	44,541
	Capital World Growth & Income	43,092	18,082
	Fundamental Investors	39,588	16,826
	Growth Fund of America	40,457	17,960
	New Perspective Fund	397,481	326,545
	New World Fund	102,428	13,951
	SMALLCAP World Fund	327,511	252,166
	Target 2015	490,380	316,913
	Target 2020	191,031	154,703
	Target 2025	36,470	22,819
	Target 2030	213,935	599,890
	Target 2035	6,642	9,754
	Target 2040	66,575	67,044
	Target 2045	66,892	41,057
	Target 2050	26,669	13,767
	Target 2055	35,630	16,242
	U.S. Government Securities	134,782	22,564
	Washington Mutual Investors	<u>963,704</u>	<u>730,063</u>
		4,110,942	3,260,711
	Cash:		
*	American Funds		
	Money Market Fund	<u>270,348</u>	<u>118,018</u>
		<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>

* Indicates Party-In-Interest

Note 1: All Plan investment assets are managed by Capital Bank and Trust Company, a party-in-interest to the Plan.

Note 2: Cost has been omitted as the investment is participant directed.

Information included in this schedule has been certified s complete and accurate by Capital Bank and Trust Company, Custodian of the Plan.

See auditors' report.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

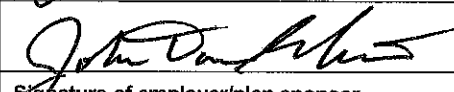
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan PMG Research, Inc. 401k Plan**1b** Three-digit plan number (PN) ► 001**1c** Effective date of plan 01/01/1992**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
PMG Research, Inc.**2b** Employer Identification Number (EIN)
56-1246670**2c** Sponsor's telephone number
(336) 714-2646**2d** Business code (see instructions)
5419904505 Country Club Road
Suite 110
Winston-Salem

NC 27104

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		10/1/2014	John Darren White
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/2014	John Darren White
	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)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 166
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 130	
b Retired or separated participants receiving benefits	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 31	
d Subtotal. Add lines 6a, 6b, and 6c.....	6d 161	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0	
f Total. Add lines 6d and 6e.	6f 161	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 112	
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 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan PMG Research, Inc. 401k Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PMG Research, Inc.	D Employer Identification Number (EIN) 56-1246670	

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)..... ☐ Yes ☒ No

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

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

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(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)

Plybon & Associates, Inc.

6518 Airport Center Drive

Greensboro

NC 27409

(b) Service Code(s) 14 15 16 26 27 34 37 38 50 64

(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?
TPA	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

M Holding Securites Inc.

1125 NW Couch Street

Suite 900

Portland

OR 97209

(b) Service Code(s) 22 33 71

(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?
Broker	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

Capital Bank & Trust Company

P. O. Box 6040

Indianapolis

IN 46240

(b) Service Code(s) 15 34 38 49 50 51 64 65

(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?
Service Provider	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan PMG Research, Inc. 401k Plan		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 PMG Research, Inc.		D Employer Identification Number (EIN) 56-1246670

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)	3,965	4,834
(2) Participant contributions	1b(2)	26,457	14,212
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	118,018	270,348
(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)		
(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)	3,260,711	4,110,942
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3,409,151	4,400,336

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 through 1j).....	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	3,409,151	4,400,336
--	----	-----------	-----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	52,584	
(B) Participants.....	2a(1)(B)	298,658	
(C) Others (including rollovers).....	2a(1)(C)	4,903	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		356,145

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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		
(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)		812,615
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,168,760

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	177,575	
(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)		177,575
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		177,575

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		991,185
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: Gray Callison Co., PA

(2) EIN: 56-1285792

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

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

Part IV Compliance Questions

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

During the plan year:

- a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan InformationThis schedule is required to be filed under section 104 and 4085 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

PMG Research, Inc. 401k Plan

B Three-digit
plan number
(PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500

PMG Research, Inc.

D Employer Identification Number (EIN)
56-1246670**Part I Distributions**

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

- 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0
- 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 56-1935834

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

- 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

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

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

Part III Amendments

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

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

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

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

Schedule R (Form 5500) 2013
v. 130118

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

PMG RESEARCH, INC. 401(K) PLAN

*Financial Statements
and
Supplementary Information*

Years Ended December 31, 2013 and 2012

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- * Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

MICHAEL G. CALLISON, CPA
BRADLEY O. GRAY, CPA
ERNEST V. LOGEMANN, CPA
WILLIAM D. RENDLEMAN, CPA, CMA
MARGARET L. WEEGAR, CPA

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AMERICAN INSTITUTE OF
CERTIFIED PUBLIC
ACCOUNTANTS

NORTH CAROLINA ASSOCIATION
OF CERTIFIED PUBLIC
ACCOUNTANTS

August 21, 2014

INDEPENDENT AUDITORS' REPORT

To the Trustees
PMG Research, Inc. 401(k) Plan
Winston-Salem, North Carolina

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the Custodian of the Plan, Capital Bank and Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

(Continued)

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gray Collins & Co., P.A.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments, at fair value		
Interest in registered investment companies	\$ 4,110,942	\$ 3,260,711
Receivables		
Employer contributions	4,834	3,965
Employee contributions	<u>14,212</u>	<u>26,457</u>
	19,046	30,422
Cash	<u>270,348</u>	<u>118,018</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment return	\$ 812,615	\$ 416,711
Contributions:		
Employer	52,584	51,952
Employee	<u>303,561</u>	<u>292,339</u>
	<u>356,145</u>	<u>344,291</u>
TOTAL ADDITIONS	<u>1,168,760</u>	<u>761,002</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to plan participants	<u>177,575</u>	<u>287,884</u>
NET INCREASE	991,185	473,118
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>3,409,151</u>	<u>2,936,033</u>
END OF YEAR	<u>\$ 4,400,336</u>	<u>\$ 3,409,151</u>

The accompanying notes are an integral part of these statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A: DESCRIPTION OF PLAN

General

The PMG Research, Inc. 401(k) Plan (the "Plan"), and formerly known as Piedmont Medical Research Associates, Inc. 401(k) Plan, was established to provide retirement benefits for employees of PMG Research, Inc. and all of its affiliate sites (the "Company"). Eligible employees become participants in the Plan following one year of continuous service, a minimum of 1,000 hours, and attainment of age 21, as defined in the Plan agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may make elective deferral contributions to the Plan. The Company contributes 25% of the participant's pre-tax contributions, but not to exceed 6% of the participant's compensation. Total contributions, both participant and employer, including discretionary, are subject to the limits of the Internal Revenue Code (the "IRC") Section 415(c). Participant contributions and employer matching contributions of certain highly compensated participants may also be limited based on contribution nondiscrimination tests described in IRC Section 401(k) and 401(m).

Employer contributions include employer discretionary matching contributions, if any, and are determined annually by the employer. Participant contributions consist of participant pre-tax and rollover contributions.

As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), individuals who will be 50 years or older at December 31, 2013 and 2012, are allowed to partially make up for years when 401(k) pre-tax deferrals did not exist and for years when participants had not maximized their 401(k) savings opportunities. Annual catch-up contributions are limited to \$5,500 in 2013 and 2012. There is no company match on catch-up contributions.

Participant Accounts and Vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, and an allocation of the Plan's earnings and certain administrative expenses. The Plan's earnings and administrative expenses are allocated according to participants' relative account balances.

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

Investment Options - Participant Directed

Plan participants may direct the investment of their employee contributions and related employer matching contributions in any of the investment options available by the Plan through its Trustee. Accordingly, substantially all of the Plan's investment assets are participant-directed.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Withdrawals and Distributions

On termination of service, a participant may elect to receive a lump-sum amount, in cash or in-kind, equal to their vested value of his or her accounts. Benefits are recorded when paid.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participant withdrawals are limited to deferred account balances.

In-service distributions may be made to a participant who has not separated from service provided that the participant has attained age 60, and the participant has been a participant in the Plan for at least 15 years.

Terminated Participant Balances

As of December 31, 2013, \$320,242 in vested participant balances of total net plan assets available for benefits of \$4,400,336 was allocated to participants who have withdrawn from participation in the Plan's operations due to termination.

Administrative Expenses

Certain administrative expenses for maintaining the Plan, such as expenses incurred for contract pension recordkeeping services are paid by the Plan's Sponsor.

Plan Termination

The Company has the right to terminate the Plan at any time. In the event of plan termination, the respective participant's interest, will become fully vested and will be distributed to each participant as prescribed by the Plan and ERISA.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

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

NOTE C: INVESTMENTS

The Custodian of the Plan's investment assets is Capital Bank and Trust Company (Capital Bank). Information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Plan's Custodian, Capital Bank, as of and for the years ended December 31, 2013 and 2012. The following table summarizes the Plan's investments at December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets in 2013 and 2012 are separately identified.

	Fair Value at December 31,	
	2013	2012
INVESTMENTS		
Interest in registered investment companies:		
Capital Bank and Trust Company:		
Investment Funds:		
AMCAP Fund	\$ 586,138	\$ 433,140
New Perspective Fund	397,481	326,545
American Funds Target 2015	490,380	316,913
SMALCAP World Fund	327,511	252,166
Washington Mutual Investors	963,704	730,063
Other	<u>1,345,728</u>	<u>1,201,884</u>
	4,110,942	3,260,711
Cash	<u>270,348</u>	<u>118,018</u>
	<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>
Investment return for the years ended		
December 31, 2013 and 2012	<u>\$ 812,615</u>	<u>\$ 416,711</u>

The Plan's Custodian did not provide the Plan Administrator the components of investment return (e.g. net appreciation/depreciation, dividends and interest income), but rather provided information regarding investment return as an aggregate amount. Accordingly, the components of investment return are not reflected in the accompanying financial statements.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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.

	2013 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2013		
Interest in registered investment companies (1)	\$ 4,110,942	\$ 4,110,942
Money market (2)	<u>270,348</u>	<u>270,348</u>
Total	<u>\$ 4,381,290</u>	<u>\$ 4,381,290</u>

	2012 Fair Value Measurements Using:	
	Quoted Prices in Active Markets for Identical Assets Fair Value (Level 1)	
December 31, 2012		
Interest in registered investment companies (3)	\$ 3,260,711	\$ 3,260,711
Money Market (2)	<u>118,018</u>	<u>118,018</u>
Total	<u>\$ 3,378,729</u>	<u>\$ 3,378,729</u>

(1) This class represents positions in registered investment funds of large cap growth 15.2%, large cap blend 1.0%, large cap value 23.4%, world stock 18.7%, world bond 2.5%, world allocation 1.1%, diversified emerging markets 2.5%, intermediate government 3.3%, and balanced 32.3%.

(2) This class includes a money market fund totaling 100% of this position.

(3) This class represents positions in registered investment funds of large cap growth 13.8%, large cap blend .5%, large cap value 22.4%, world stock 18.3%, world bond 1.4%, world allocation .7%, diversified emerging markets .4%, intermediate government .7% and balanced 41.8%.

PMG RESEARCH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, 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 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 is based on quoted net asset values of the shares held by the Plan at year end.

NOTE E: RELATED PARTIES

The Plan Sponsor and Administrator is the employer, PMG Research, Inc. Capital Bank and Trust Company and Plybon and Associates, Inc. provide pension and recordkeeping services for the Plan. John D. White is the Trustee of the Plan.

NOTE F: INCOME TAX STATUS

The Plan has adopted the Capital Bank and Trust Company's Defined Contribution Prototype Plan and Trust. Employers who adopt and operate under this plan arrangement are considered to have a plan qualified under Internal Revenue Code Section 401(a). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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 or Department of Labor. 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 files its income tax returns in the U.S. Federal jurisdiction. For tax years after 2009, the Plan's income tax returns remain subject to examination by applicable tax jurisdictions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G: SUBSEQUENT EVENTS

The Plan evaluated the effects subsequent events would have on the financial statements through August 21, 2014, which is the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION

PMG RESEARCH, INC. 401(k) PLAN
SCHEDULE H - LINE 4(i) - SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES
Plan Sponsor EIN 56-1246670
Plan No. 003
Years Ended December 31, 2013 and 2012

		December 31, 2013 (e) Current Value	December 31, 2012 (e) Current Value
(a)	(b) Identity of issue, borrower, lessor or similar party		
	Interest in registered investment companies:		
	Investment funds:		
*	American Funds:		
	AMCAP Fund	\$ 586,138	\$ 433,140
	Balanced Fund	193,096	120,617
	Capital Income Builder	46,272	22,067
	Capital World Bond Fund	102,169	44,541
	Capital World Growth & Income	43,092	18,082
	Fundamental Investors	39,588	16,826
	Growth Fund of America	40,457	17,960
	New Perspective Fund	397,481	326,545
	New World Fund	102,428	13,951
	SMALLCAP World Fund	327,511	252,166
	Target 2015	490,380	316,913
	Target 2020	191,031	154,703
	Target 2025	36,470	22,819
	Target 2030	213,935	599,890
	Target 2035	6,642	9,754
	Target 2040	66,575	67,044
	Target 2045	66,892	41,057
	Target 2050	26,669	13,767
	Target 2055	35,630	16,242
	U.S. Government Securities	134,782	22,564
	Washington Mutual Investors	<u>963,704</u>	<u>730,063</u>
		4,110,942	3,260,711
	Cash:		
*	American Funds		
	Money Market Fund	<u>270,348</u>	<u>118,018</u>
		<u>\$ 4,381,290</u>	<u>\$ 3,378,729</u>

* Indicates Party-In-Interest

Note 1: All Plan investment assets are managed by Capital Bank and Trust Company, a party-in-interest to the Plan.

Note 2: Cost has been omitted as the investment is participant directed.

Information included in this schedule has been certified s complete and accurate by Capital Bank and Trust Company, Custodian of the Plan.

See auditors' report.