

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

Part II	Basic Plan Information—enter all requested information		
1a Name of plan AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ <u>333</u>		
	1c Effective date of plan <u>01/01/1997</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AMBROSE EMPLOYER GROUP, LLC. 199 WATER STREET SUITE 2800 NEW YORK, NY 10038	2b Employer Identification Number (EIN) <u>13-3867443</u>	2c Sponsor's telephone number <u>646-356-8600</u>	2d Business code (see instructions) <u>541219</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.	10/10/2014	GREGORY HAMMOND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	9379
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	9175
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits.....		6c	1792
d Subtotal. Add lines 6a , 6b , and 6c		6d	10969
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	10970
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	7195
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	73
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: 2A 2E 2F 2G 2J 2K 2R 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 AMBROSE EMPLOYER GROUP, LLC.	D Employer Identification Number (EIN) 13-3867443

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60770	10970	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	20598968
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c Additions: (1) Contributions deposited during the year	7c(1)	3511310	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	553537	
(4) Transferred from separate account	7c(4)	3008460	
(5) Other (specify below)	7c(5)	1548479	

▶ **LN INT, LN PRIN, LOAN DEFAULT, MKT**

(6) Total additions	7c(6)	8621786
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d Total of balance and additions (add lines 7b and 7c(6))	7d	29220754
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3283524	
(2) Administration charge made by carrier	7e(2)	98167	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	308045	

▶ **LN DISTRIB, MKT VALUE**

(5) Total deductions	7e(5)	3689736
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	25531018
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMBROSE EMPLOYER GROUP, LLC.</u>	D Employer Identification Number (EIN) <u>13-3867443</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
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

04-3464336

(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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 64 72	CONTRACT ADMINISTRATOR	1386979	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMBROSE EMPLOYER GROUP, LLC

13-3867443

(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	PLAN SPONSOR	0	Yes ☒ No ☐	Yes ☐ No ☒	807519	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
COHEN & STEERS REALTY SHARES FUND 01-3335336	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
MFS UTILITIES FUND 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(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.	
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OPPENHEIMER GOLD & SPEC MINERALS FD 13-3155639	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PRUDENTIAL JENNISON NTRL RSRCS FD 13-3422833	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JP MORGAN MID CAP VALUE FUND 13-3963293	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
JP MORGAN SMALL CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
DFA EMERGING MARKETS VALUE FUND 36-3129984	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
WELLS FARGO ADVANTAGE GROWTH FUND 41-0449260	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
IVY SCIENCE AND TECHNOLOGY FUND 48-1112076	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BLACKROCK HIGH YIELD BOND FUND 51-0318674	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
T. ROWE PRICE PERSONAL STRAT GR FD 52-1877335	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE PERSONAL STRAT INC FD 52-1877338		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE PERSONAL STRAT BAL FD 52-1877339		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation TEMPLETON GLOBAL BOND FUND 59-6865210		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
AMBROSE EMPLOYER GROUP, LLC	14	807519

(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.
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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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>AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMBROSE EMPLOYER GROUP, LLC.</u>	D Employer Identification Number (EIN) <u>13-3867443</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	28201	91934
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	933647	1211379
	(2) Participant contributions.....	1b(2)	4140517	4298192
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	3164494	4499412
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(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)	273906456	380209963
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20598968	25531018
	(15) Other.....	1c(15)	744332	826795

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	303516615	416668693

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	358358	345743
k Total liabilities (add all amounts in lines 1g through 1j)	1k	358358	345743

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	303158257	416322950
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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)	20504852	
(B) Participants	2a(1)(B)	53425490	
(C) Others (including rollovers)	2a(1)(C)	17806209	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		91736551

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)	159285	
(F) Other	2b(1)(F)	554115	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		713400

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14916240	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14916240

(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		47340183
c Other income.....	2c		66876
d Total income. Add all income amounts in column (b) and enter total.....	2d		154773250

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30095307	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		30095307
f Corrective distributions (see instructions).....	2f		567130
g Certain deemed distributions of participant loans (see instructions).....	2g		16342
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	51740	
(3) Investment advisory and management fees.....	2i(3)	1266184	
(4) Other.....	2i(4)	5325	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1323249
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32002028

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		122771222
l Transfers of assets:			
(1) To this plan.....	2l(1)		12423646
(2) From this plan.....	2l(2)		22030175

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: COHN REZNICK

(2) EIN: 22-1478099

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SABA CAPITAL MGMT, LP 401(K) PLAN AND TRUST	75-2329951	001
TRINET MEP 401(K) RETIREMENT PLAN	48-1304650	333
BORDERFREE, INC. 401K PLAN	52-2216062	001
JAMES & CO. LLC 401(K) PROFIT SHARING PLAN	76-0706403	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>AMBROSE MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMBROSE EMPLOYER GROUP, LLC.</u>	D Employer Identification Number (EIN) <u>13-3867443</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>04-1590850</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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Ambrose Multiple Employer
Retirement Savings Plan**

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2013

Ambrose Multiple Employer Retirement Savings Plan

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Independent Auditor's Report

To the Trustees
Ambrose Multiple Employer Retirement Savings Plan

We have audited the accompanying financial statements of Ambrose Multiple Employer Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and 2012, and the changes in net assets available for benefits for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "CohnReznick LLP". The signature is written in a cursive, flowing style.

New York, New York
October 8, 2014

Ambrose Multiple Employer Retirement Savings Plan

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

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 380,209,963	\$ 273,906,456
Self-directed brokerage accounts	826,795	744,332
Guaranteed investment contract	<u>25,267,855</u>	<u>21,226,331</u>
Total investments	<u>406,304,613</u>	<u>295,877,119</u>
Receivables:		
Employer contributions	1,211,379	933,647
Participant contributions	4,298,192	4,140,517
Notes receivable from participants	<u>4,499,412</u>	<u>3,164,494</u>
Total receivables	<u>10,008,983</u>	<u>8,238,658</u>
Cash	<u>91,934</u>	<u>28,201</u>
Total assets	416,405,530	304,143,978
Liabilities:		
Excess contributions refundable	<u>345,743</u>	<u>358,358</u>
Net assets available for benefits, at fair value	416,059,787	303,785,620
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>263,163</u>	<u>(627,363)</u>
Net assets available for benefits	<u>\$ 416,322,950</u>	<u>\$ 303,158,257</u>

See Notes to Financial Statements.

Ambrose Multiple Employer Retirement Savings Plan

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

Additions:

Investment income:

Net appreciation in fair value of mutual funds	\$ 47,340,183
Interest income	554,115
Net appreciation in fair value of self-directed brokerage accounts	66,876
Dividend income	<u>14,916,240</u>
Total investment income	<u>62,877,414</u>

Interest income on notes receivable from participants	<u>159,285</u>
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Contributions:

Employers	20,504,852
Participants	53,425,490
Employee rollovers	<u>17,806,209</u>
Total contributions	<u>91,736,551</u>

Total additions	<u>154,773,250</u>
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Deductions:

Benefits paid to participants	30,678,779
Administrative expenses	<u>1,323,249</u>
Total deductions	<u>32,002,028</u>

Net increase	122,771,222
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Net transfers to other plans	(9,606,529)
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Net assets available for benefits:

Beginning of year	<u>303,158,257</u>
End of year	<u><u>\$ 416,322,950</u></u>

See Notes to Financial Statements.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 1 - Description of the Plan

The following description of Ambrose Multiple Employer Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on March 26, 1997 by Ambrose Employer Group, LLC (the "Company") as a multiple-employer defined contribution plan that permits participants to make elective deferrals under Internal Revenue Code (the "Code") Section 401(k). The Plan covers employees who are not subject to collective bargaining agreements. Effective July 1, 2002, an employee is allowed to participate upon attaining the age of twenty. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan's investments are held by MassMutual Retirement Services (the "Custodian" or "MMRS"). Contributions by or on behalf of a participant are invested at the election of the participant in a guaranteed investment contract, specified mutual funds, and a self-directed brokerage account administered by the Custodian.

Contributions

Eligible employees may contribute up to 100% of their pre-tax compensation not to exceed \$17,500, as defined in the Plan for 2013. Eligible employees may also allocate after-tax Roth 401(k) contributions. Roth 401(k) contributions as well as gains, losses and other credits and charges on the amounts contributed will be maintained in separate accounts for each participant. The combined pre-tax and after-tax contributions cannot exceed the annual deferral amount as defined by the Plan. Any participant who is eligible to make contributions and who has attained or will attain age 50 before December 31, 2013 is eligible to make an additional catch-up contribution of \$5,500 in 2013 in accordance with applicable sections of the Code. Participating employers, at their discretion, may make matching contributions to the Plan as defined by the terms in their respective participation agreements. Participants may also contribute amounts representing distributions from other qualified plans. Contributions are subject to certain limitations. Participants may direct their accounts to be invested (in multiples of 1%) in one or more funds permitted by the Plan. The Plan's investment options consist of debt, equity and money market mutual funds, self-directed brokerage accounts, and a guaranteed investment contract held by MMRS.

Forfeitures

Forfeitures of terminated participants' nonvested accounts will be first allocated to the accounts of participants entitled to a restoration of their interests in the Plan and the remainder will be used to reduce future employer contributions and/or pay expenses of the Plan. Such forfeitures were approximately \$955,000 and \$847,000 at December 31, 2013 and 2012, respectively. For the year ended December 31, 2013, employer contributions were reduced by approximately \$444,000 from forfeited nonvested accounts and approximately \$70,000 of forfeited nonvested accounts were used for administrative

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

expenses. There were no amounts awarded to participants entitled to a restoration of their interests in the Plan.

Participant accounts

Each participant's account is credited with the participant's contribution and an allocation of the participating employer's matching contributions and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant's investment options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan administrator. Participants may change their investment options at any time throughout the year via the self-directed website.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on the election of participating employers. Unless otherwise specified by a participating employer, a participant will become 20% vested after one year of continuous service, with vesting increasing at the rate of 20% each year, until fully vested after five years.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2013 excess contributions to the applicable participants prior to March 15, 2014. The Plan distributed the 2012 excess contributions to the applicable participants prior to March 15, 2013.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest as permitted by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution. The Plan also allows withdrawals in the event of certain financial hardships.

Notes receivable from participant

At the discretion of, and subject to the terms as set forth in the Plan document, loans may be made to a participant in an aggregate amount generally equal to the lesser of \$50,000 or 50% of the participant's vested account balance as of the most recent valuation date. The minimum loan permitted is \$1,000 and repayment must be made over a period not to exceed five years, except for loans involving the purchase of a principal residence which may be repaid over a longer period. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined annually by the Plan administrator. Interest rates range from 4.25% to 8.75%. Principal and interest are paid ratably through semi-monthly or monthly payroll deductions.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 2 - Significant accounting policies

Basis of accounting

The financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis for fully benefit-responsive investment contracts.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for a discussion of fair value measurements.

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

Payment of benefits

Benefit payments are recorded when paid.

Use of estimates

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

Reclassification

Certain prior year information has been reclassified to conform to the current year presentation.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Administrative expenses

Certain expenses of maintaining the Plan are directly paid by the Company and are excluded from the financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of mutual funds.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Subsequent events

The Plan has evaluated subsequent events through October 8, 2014, which is the date the financial statements were available to be issued.

Note 3 - Investments

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

	<u>2013</u>	<u>2012</u>
Wells Fargo Advantage Growth Fund	\$23,789,403	\$17,125,114
PIMCO Total Return III Fund	**	16,155,013
Vanguard Equity-Income Fund	23,980,419	16,018,493
T. Rowe Price Personal Strategy Balance Fund	45,352,119	29,972,108
Vanguard Institutional Index Fund	45,578,977	29,633,613
Mass Mutual Retirement Services Stable Value Fund, at contract value (fair value \$25,267,855 and \$21,226,331, respectively)	25,531,018	20,598,968

** This fund did not represent 5% or more of the Plans net assets available for benefits as of December 31, 2013.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 4 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Valued using readily available pricing sources for comparable instruments.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Guaranteed investment contracts: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 5). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

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

	December 31, 2013			Total
	Level 1	Level 2	Level 3	
Mutual funds:				
Aggressive allocation	\$ 6,568,496			\$ 6,568,496
Conservative allocation	1,119,964			1,119,964
Diversified emerging markets	13,389,361			13,389,361
Equity precious metals	2,462,433			2,462,433
Foreign large blend	20,320,074			20,320,074
High yield bond	8,028,863			8,028,863
Inflation-protected bond	5,984,468			5,984,468
Intermediate government	6,779,472			6,779,472
Intermediate-term bond	17,870,954			17,870,954
Large blend	45,961,383			45,961,383
Large growth	23,789,403			23,789,403
Large value	23,980,419			23,980,419
Mid-cap blend	12,129,114			12,129,114
Mid-cap growth	10,416,403			10,416,403
Mid-cap value	13,385,841			13,385,841
Moderate allocation	58,015,897			58,015,897
Natural resources	1,150,280			1,150,280
Real estate	7,898,932			7,898,932
Short-term bond	3,489,956			3,489,956
Small blend	20,297,557			20,297,557
Small growth	7,408,442			7,408,442
Small value	10,489,892			10,489,892
Target date 2000-2010	251,880			251,880
Target date 2011-2020	3,119,844			3,119,844
Target date 2021-2030	8,069,266			8,069,266
Target date 2031-2040	10,749,341			10,749,341
Target date 2041-2050	5,827,331			5,827,331
Technology	9,556,404			9,556,404
Utilities	6,314,488			6,314,488
World bond	3,006,870			3,006,870
World stock	12,323,514			12,323,514
Other	53,421			53,421
Self-directed brokerage accounts	826,795			826,795
Guaranteed investment contract	-	\$25,267,855		25,267,855
Total investments at fair value	<u>\$381,036,758</u>	<u>\$25,267,855</u>	<u>\$ -</u>	<u>\$406,304,613</u>

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Aggressive allocation	\$ 4,952,298			\$ 4,952,298
Conservative allocation	989,698			989,698
Diversified emerging markets	14,412,887			14,412,887
Equity precious metals	1,745,340			1,745,340
Foreign large blend	15,887,931			15,887,931
High yield bond	6,844,289			6,844,289
Inflation-protected bond	7,493,335			7,493,335
Intermediate government	8,885,853			8,885,853
Intermediate-term bond	18,616,765			18,616,765
Large blend	29,912,878			29,912,878
Large growth	17,125,114			17,125,114
Large value	16,018,493			16,018,493
Mid-cap blend	5,679,408			5,679,408
Mid-cap growth	6,833,229			6,833,229
Mid-cap value	8,925,407			8,925,407
Moderate allocation	39,339,772			39,339,772
Natural resources	604,007			604,007
Real estate	6,722,353			6,722,353
Short-term bond	3,174,719			3,174,719
Small blend	11,927,226			11,927,226
Small growth	3,585,659			3,585,659
Small value	7,410,654			7,410,654
Target date 2000-2010	626,410			626,410
Target date 2011-2020	2,047,111			2,047,111
Target date 2021-2030	4,760,636			4,760,636
Target date 2031-2040	5,811,520			5,811,520
Target date 2041-2050	1,907,263			1,907,263
Technology	4,437,243			4,437,243
Utilities	5,452,830			5,452,830
World bond	2,442,188			2,442,188
World stock	9,204,752			9,204,752
Other	129,188			129,188
Self-directed brokerage accounts	744,332			744,332
Guaranteed investment contract		\$21,226,331		21,226,331
Total Investments at fair value	<u>\$274,650,788</u>	<u>\$21,226,331</u>	<u>\$ -</u>	<u>\$295,877,119</u>

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 5 - Guaranteed investment contract with MMRS

The Plan maintains a fully benefit-responsive investment contract with MMRS. MMRS maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value as reported to the Plan by MMRS represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012 was \$25,267,855 and \$21,226,331, respectively. The crediting interest rates are based on a formula agreed upon with the issuer. Such rates are reviewed on a quarterly basis for resetting.

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

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

The average yields are as follows:

	<u>2013</u>	<u>2012</u>
Based on actual earnings	2.38%	2.55%
Based on interest rate credited to participants	2.38%	2.55%

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 6 - Rollover contributions

A participant may make a rollover contribution to the Plan from another plan qualified under the Code, whether directly or through an individual retirement account, at any time. Any amounts rolled over to the Plan are fully vested and nonforfeitable. An aggregate of \$17,806,209 was rolled into the Plan during the year ended December 31, 2013, and is included in rollovers on the statement of changes in net assets available for benefits.

Note 7 - Transfers to/from other plans

New participating employers transferring from other plans and employers terminating participation in the Plan are reflected as net transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document. At December 31, 2013, total transfers into the Plan were \$12,423,646 and total transfers out of the Plan were \$22,030,175.

Note 8 - Plan termination

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

Note 9 - Related-party transactions and party-in-interest transactions

- i. For the year ended, the Plan investments are in mutual funds managed by an affiliate of MMRS, therefore, this relationship qualifies as a party in interest.
- ii. Fees paid during the year for legal, accounting and administrative services rendered by parties in interest totaled \$1,323,249 and were based on customary and reasonable rates for such services.
- iii. The Plan allows participants to take loans against their account balances, which also qualify as exempt party-in-interest transactions.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative service to the Plan at no cost.

These party-in-interest transactions are not deemed prohibited because they are covered by statutory and administrative exemptions from the Code and the Rules of Prohibited Transactions of ERISA.

Ambrose Multiple Employer Retirement Savings Plan

Notes to Financial Statements December 31, 2013

Note 10 - Tax status

The IRS has determined and informed the Company by a letter dated December 3, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 11 - Risks and uncertainties

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

Ambrose Multiple Employer Retirement Savings Plan

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

EIN: 13-3867443

Plan #: 333

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:			
*	MassMutual Premier - Holding Account	Mutual Fund	**	\$ 53,424
	American Funds Euro Pacific Growth Fund	Mutual Fund	**	8,087,084
	Cohen & Steers Realty Shares Fund	Mutual Fund	**	7,898,932
	MFS Utilities Fund	Mutual Fund	**	6,314,488
	Vanguard Intermediate Term Bond Index Fund	Mutual Fund	**	2,720,351
	JP Morgan Small Cap Growth Fund	Mutual Fund	**	7,408,442
	American Beacon Small Cap Value Fund	Mutual Fund	**	10,489,892
	American Funds New Perspective Fund	Mutual Fund	**	12,323,514
	Wells Fargo Advantage Growth Fund	Mutual Fund	**	23,789,403
	BlackRock High Yield Bond Fund	Mutual Fund	**	8,028,863
	Dimensional Fund Advisors Emerging Markets Value Fund	Mutual Fund	**	13,389,361
	Templeton Global Bond Fund	Mutual Fund	**	3,006,870
	Ivy Science and Technology Fund	Mutual Fund	**	9,556,404
	PIMCO Total Return III Fund	Mutual Fund	**	15,150,603
	Vanguard Mid Cap Growth Fund	Mutual Fund	**	10,416,403
	Vanguard Equity-Income Fund	Mutual Fund	**	23,980,419
	JP Morgan Mid Cap Value Fund	Mutual Fund	**	13,385,841
	Vanguard Wellington Fund	Mutual Fund	**	12,663,778
	T. Rowe Price Personal Strategy Balance Fund	Mutual Fund	**	45,352,119
	T. Rowe Price Personal Strategy Growth Fund	Mutual Fund	**	6,568,496
	T. Rowe Price Personal Strategy Income Fund	Mutual Fund	**	1,119,964
	Vanguard Inflation Protected Securities Fund	Mutual Fund	**	5,984,468
	PIMCO Low Duration Fund	Mutual Fund	**	3,489,956
	American Beacon International Equity Index Fund	Mutual Fund	**	12,232,990
	Vanguard Intermediate Term Treasury Fund	Mutual Fund	**	6,779,472
	Vanguard Target Retirement Income Fund	Mutual Fund	**	382,406
	Vanguard Target Retirement 2010 Fund	Mutual Fund	**	251,880
	Vanguard Target Retirement 2015 Fund	Mutual Fund	**	185,590
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	2,934,251
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	787,364
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	7,281,902
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	2,832,295
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	7,917,046
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	2,149,135
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	3,678,196
	Vanguard Institutional Index Fund	Mutual Fund	**	45,578,977
	Prudential Jennison Natural Resources Fund	Mutual Fund	**	1,150,280
	Vanguard Small Cap Index Fund	Mutual Fund	**	20,297,557
	Vanguard Mid Cap Index Fund	Mutual Fund	**	12,129,114
	Oppenheimer Gold & Special Mineral Funds	Mutual Fund	**	2,462,433
				<u>380,209,963</u>
	Self-directed brokerage accounts		**	826,795
*	MassMutual Retirement Services Stable Value Fund	Guaranteed investment contract	**	25,531,018
*	Notes receivable from participants	Interest rate 4.25% - 8.75%		4,499,412
				<u>\$ 411,067,188</u>
*	Party-in-interest, as defined by ERISA.			
**	Cost not required.			

See Independent Auditor's Report.

A Name of Plan Ambrose Multiple Employer Retirement Savings Plan	B Three-digit plan Number 333
C Plan sponsor's name as shown on line 2a of Form 5500 Ambrose Employer Group, LLC.	D Employer Identification Number 133867443

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Beacon	752401150		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Beacon with respect to American Beacon Small Cap Val Fd (MF-1222).
American Beacon	752885438		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Beacon with respect to American Beacon Intl Equity Indx Fd (MF-486).
American Funds	951411037		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to Amer Funds EuroPacific Growth Fund (MF-1046).
American Funds	952817150		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to American Funds New Perspective Fund (MF-1240).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock High Yield Bond Fund (MF-1270).
Cohen & Steers	013335336		MassMutual provided the Plan with the required written disclosure for Management Fees received by Cohen & Steers with respect to Cohen & Steers Realty Shares Fund (MF-1110).
Dimensional Fund Advisors	363129984		MassMutual provided the Plan with the required written disclosure for Management Fees received by Dimensional Fund Advisors with respect to DFA Emerging Markets Value Fund (MF-1271).
Franklin/Templeton	596865210		MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Templeton Global Bond Fund (MF-1272).
Ivy Funds	481112076		MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to Ivy Science and Technology Fund (MF-1273).
JP Morgan	133963293		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Mid Cap Value Fund (MF-141).
JP Morgan	263613641		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Growth Fund (MF-1159).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-YG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (18 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-YG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (8 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to Cohen & Steers Realty Shares Fund (MF-1110).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to Ivy Science and Technology Fund (MF-1273).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Mid Cap Value Fund (MF-141).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Small Cap Growth Fund (MF-1159).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to BlackRock High Yield Bond Fund (MF-1270).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to MFS Utilities Fund (MF-1111).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Personal Strat Bal Fd (MF-206).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Personal Strat Gr Fd (MF-207).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Personal Strat Inc Fd (MF-208).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Wells Fargo Advantage Growth Fund (MF-1250).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to DFA Emerging Markets Value Fund (MF-1271).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Jennison Ntrl Rsrcs Fd (MF-946).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Templeton Global Bond Fund (MF-1272).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (38 basis points * plan assets) with respect to Oppenheimer Gold & Spec Minerals Fd (MF-IT).
MFS Investment Management	043158862	MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS Investment Management with respect to MFS Utilities Fund (MF-1111).
Oppenheimer	133155639	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Gold & Spec Minerals Fd (MF-IT).
PIMCO Funds	952632339	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Low Duration Fund (MF-473).
PIMCO Funds	952632339	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Total Return III Fund (MF-1276).
Prudential	133422833	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Jennison Ntrl Rsrcs Fd (MF-946).
State Street Global Markets	043464336	State Street Global Markets provided the Plan with the required written disclosure for commissions received by State Street Global Markets with respect to the SDBA.
T. Rowe Price	521877335	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Personal Strat Gr Fd (MF-207).
T. Rowe Price	521877338	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Personal Strat Inc Fd (MF-208).
T. Rowe Price	521877339	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Personal Strat Bal Fd (MF-206).
Vanguard	200147814	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement Incm Fd (MF-618).
Vanguard	204683839	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2010 Fd (MF-620).
Vanguard	204683964	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2020 Fd (MF-622).
Vanguard	204683985	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2030 Fd (MF-624).
Vanguard	204684039	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2040 Fd (MF-626).
Vanguard	204684087	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2050 Fd (MF-628).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Equity-Income Fund (MF-1284).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Institutional Index Fund (MF-766).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees

Vanguard	231945930	received by Vanguard with respect to Vanguard Inter-Term Bond Index Fnd (MF-1149). MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Mid-Cap Growth Fund (MF-1282).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Mid Cap Index Fund (MF-949).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Index Fund (MF-947).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2015 Fd (MF-621).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2025 Fd (MF-623).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2035 Fd (MF-625).
Vanguard	232659568	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2045 Fd (MF-627).
Vanguard	233035288	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Intermediate-Term Treas Fd (MF-534).
Vanguard	510071687	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Inflation-Protectd Secs Fd (MF-324).
Wells Fargo	410449260	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Wellington Fund (MF-180).
		MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo with respect to Wells Fargo Advantage Growth Fund (MF-1250).

Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

A Name of Plan Ambrose Multiple Employer Retirement Savings Plan	B Three-digit plan Number 333
C Plan sponsor's name as shown on line 2a of Form 5500 Ambrose Employer Group, LLC.	D Employer Identification Number 133867443

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

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	25,531,018	25,531,018
*	MassMutual Premier	Holding Account - MF-G	0	53,424
*	American Funds	MF-1046	6,450,368	8,087,084
*	Cohen & Steers	MF-1110	8,044,794	7,898,932
*	MFS Investment Management	MF-1111	5,407,266	6,314,488
*	Vanguard	MF-1149	2,892,887	2,720,351
*	JP Morgan	MF-1159	6,074,095	7,408,442
*	American Beacon	MF-1222	8,177,376	10,489,892
*	American Funds	MF-1240	9,573,410	12,323,514
*	Wells Fargo	MF-1250	17,547,086	23,789,403
*	BlackRock	MF-1270	7,614,469	8,028,863
*	Dimensional Fund Advisors	MF-1271	13,288,345	13,389,361
*	Franklin/Templeton	MF-1272	3,015,607	3,006,870
*	Ivy Funds	MF-1273	6,599,730	9,556,404
*	PIMCO Funds	MF-1276	15,703,105	15,150,603
*	Vanguard	MF-1282	8,815,891	10,416,403
*	Vanguard	MF-1284	19,123,499	23,980,419
*	JP Morgan	MF-141	10,384,845	13,385,841
*	Vanguard	MF-180	11,171,317	12,663,778
*	T. Rowe Price	MF-206	40,408,007	45,352,119
*	T. Rowe Price	MF-207	5,301,592	6,568,496
*	T. Rowe Price	MF-208	1,013,345	1,119,964
*	Vanguard	MF-324	6,607,604	5,984,468
*	PIMCO Funds	MF-473	3,524,283	3,489,956
*	American Beacon	MF-486	9,838,947	12,232,990
*	Vanguard	MF-534	7,228,227	6,779,472
*	Vanguard	MF-618	370,511	382,406
*	Vanguard	MF-620	237,265	251,880
*	Vanguard	MF-621	176,515	185,590
*	Vanguard	MF-622	2,619,557	2,934,254
*	Vanguard	MF-623	756,678	787,364
*	Vanguard	MF-624	6,175,750	7,281,902
*	Vanguard	MF-625	2,645,152	2,832,295
*	Vanguard	MF-626	6,390,247	7,917,046
*	Vanguard	MF-627	1,987,557	2,149,135
*	Vanguard	MF-628	3,186,998	3,678,196
*	Vanguard	MF-766	34,436,872	45,578,977
*	Prudential	MF-946	1,085,489	1,150,280
*	Vanguard	MF-947	14,766,442	20,297,557
*	Vanguard	MF-949	9,358,671	12,129,114
*	Oppenheimer	MF-IT	3,372,948	2,462,433
*	State Street	SDBA	655,093	826,795
	Participant Loans	4.250000 – 8.750000	0	4,525,842

Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates, 1295 State Street, Springfield, MA 01111

RS-04787-02

Schedule of Assets Held for Investment Purposes attachment to Form 5500 Schedule H for the period of: 01/01/2013 - 12/31/2013

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