# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2005

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

WILLOW BEND MORTGAGE COMPANY

2400 DALLAS PARKWAY
SUITE 560
PLANO, TX 75093-4381

**2b** Employer Identification Number (EIN)
75-2511480

**2c** Sponsor's telephone number
972-398-4892

**2d** Business code (see instructions)
522292

**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. | 10/15/2014 | WILLIAM C. SHADDOCK |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2014 | WILLIAM C. SHADDOCK |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 348 |
| **6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** Active participants | **6a** | 329 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 343 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 343 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 122 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] ___ **A** (Insurance Information)

**(4)** [X] **C** (Service Provider Information)

**(5)** [ ] **D** (DFE/Participating Plan Information)

**(6)** [ ] **G** (Financial Transaction Schedules)

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| WILLOW BEND MORTGAGE COMPANY | 75-2511480 | |

## 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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUSTIN CAPITAL RETIREMENT PLAN SVCS

1700 PACIFIC AVENUE, SUITE 3650
DALLAS, TX 75201

| (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? |
|---|---|---|---|---|---|---|
| 13 15 | TPA & RECORDKEEPER | 6779 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

MERRILL LYNCH,PIERCE,FENNER, & SMIT

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 52 59 60 63 | BROKERAGE | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 17161 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| MG TRUST<br>717 17TH STREET<br>SUITE 1300<br>DENVER, CO 80202<br><br>75-3182674 | 18 62 99 | MG TRUST AND ITS AFFILIATES WILL RECEIVE FLOAT REVENUE, ADMIN FEE REIMBURSEMENT, FEE COLLECTION SVCS, AND OTHER FEES. COMPANY STATED THAT THEY DO NOT PROVIDE THIS INFORMATION. |

| (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 |
|---|---|---|
| MATRIX FINANCIAL SOLUTIONS, INC<br>717 17TH STREET<br>SUITE 1300<br>DENVER, CO 80202<br><br>20-1591048 | 18 62 99 | MG TRUST AND ITS AFFILIATES WILL RECEIVE FLOAT REVENUE, ADMIN FEE REIMBURSEMENT, FEE COLLECTION SVCS, AND OTHER FEES. COMPANY STATED THAT THEY DO NOT PROVIDE THIS INFORMATION. |

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

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

**A** Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WILLOW BEND MORTGAGE COMPANY

**D** Employer Identification Number (EIN)
75-2511480

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 16604 | 798 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 181218 | 403971 |
| **(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) | 127091 | 106357 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1910541 | 3495484 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2235454 | 4006610 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2235454 | 4006610 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 882 | |
| | **(B)** Participants | 2a(1)(B) | 515411 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 1155977 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1672270 |
| **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) | 2421 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2421 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 149675 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 149675 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 4700695 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 4402416 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 298279 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 26321 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2148966 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 368972 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 368972 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 8838 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 8838 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 377810 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1771156 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: BKM SOWAN HORAN, LLP **(2)** EIN: 27-2602152

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WILLOW BEND MORTGAGE COMPANY

**D** Employer Identification Number (EIN)
75-2511480

## Part I Distributions

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

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

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

EIN(s): 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# WILLOW BEND MORTAGE COMPANY
# 401(k) PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedule
with
Report of Independent Auditors

December 31, 2013 and 2012

**WILLOW BEND MORTGAGE COMPANY**
**401(k) PROFIT SHARING PLAN**

Table of Contents


| | Page |
|---|---|
| Report of Independent Auditors | 1 - 2 |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits | 3 |
| Statement of Changes in Net Assets Available for Benefits | 4 |
| Notes to Financial Statements | 5 – 14 |
| Supplemental Schedule: | |
| Schedule of Assets (Held at End of Year) | 15 |

BKM SOWAN HORAN

Accountants + Consultants

15301 Dallas Parkway
Suite 960
Addison, Texas 75001
MAIN 214 545 3965
FAX 214 545 3966
www.bkmsh.com

# REPORT OF INDEPENDENT AUDITORS

To the Participants and Administrative Committee
Willow Bend Mortgage Company 401(k) Profit Sharing Plan
Plano, Texas

***Report on the Financial Statements***

We are engaged to audit the accompanying financial statements of Willow Bend Mortgage Company 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefit 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***

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

***Auditor's Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by MG Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has

obtained a certification from the Custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the Custodian is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500 – Schedule H Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

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

BKM Sowan Horan, LLP

October 14, 2014
Certified Public Accountants
Addison, TX

**WILLOW BEND MORTGAGE COMPANY**
**401(k) PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | **2013** | 2012 |
| **Assets:** | | |
| Investments, at fair value | **$ 3,900,254** | $ 2,108,359 |
| Notes receivable from participants | **106,357** | 127,091 |
| Participant contributions receivable | **11,881** | 9,879 |
| **Total assets** | **4,018,492** | 2,245,329 |
| **Liabilities:** | | |
| Excess contributions payable | **2,751** | 33,203 |
| **Net assets available for benefits** | **$ 4,015,741** | $ 2,212,126 |

See accompanying notes to financial statements.

**WILLOW BEND MORTGAGE COMPANY**
**401(k) PROFIT SHARING PLAN**

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

| | | |
|---|---|---|
| **Additions to net assets attributable to:** | | |
| Contributions: | | |
| Participant contributions | $ | 499,548 |
| Participant rollover contributions | | 1,155,977 |
| | | 1,655,525 |
| Interest on notes receivable from participants | | 2,421 |
| Investment income: | | |
| Net appreciation of investments | | 340,268 |
| Dividends and interest | | 150,130 |
| | | 490,398 |
| Total additions | | 2,148,344 |
| **Deductions from net assets attributable to:** | | |
| Benefits paid to participants | | 335,844 |
| Administrative expenses | | 8,885 |
| Total deductions | | 344,729 |
| **Net increase in net assets available for benefits** | | 1,803,615 |
| **Net assets available for benefits:** | | |
| Beginning of year | | 2,212,126 |
| End of year | $ | 4,015,741 |

See accompanying notes to financial statements.

## Note 1 - Description of the Plan

The following description of the Willow Bend Mortgage Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more comprehensive description of the Plan's provisions.

### *General*

The Plan is a defined contribution profit sharing plan covering all full-time employees of Willow Bend Mortgage Company, Capital Title of Texas, LLC, Premier Surveying, LLC, First National Title Insurance Company, Cambridge Insurance Agency, LLC, and Willow Bend Commercial Capital, LLC (collectively, the Company or Employer). See Note 11. Non-elective, matching, and qualified non-elective contributions and qualified matching contributions will be determined individually by each adopting employer and allocated only to the employees of that adopting employer.

The Plan is designed to comply with the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Internal Revenue Service (IRC). In addition, the financial statements have been prepared in accordance with ERISA. The Plan is administered by the Company, and the custodian of the Plan is MG Trust Company, LLC (the Custodian).

### *Eligibility*

All employees are eligible to participate in the Plan from the first day of employment. Participants must complete 1,000 hours of service and be employed on the last day of the plan year to be eligible for employer discretionary contributions.

### *Contributions*

Participating employees may elect to contribute any amount between zero percent (0%) and one hundred percent (100%) of their eligible compensation to the Plan, subject to a limit on calendar year contributions set forth by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may make non-elective discretionary contributions and required minimum contributions. Discretionary contributions are allocated to participants based upon total compensation for all participants. Participants are not required to make elective deferrals to receive an allocation of discretionary contributions. There were no discretionary contributions made by the Company for the year ended December 31, 2013.

## Note 1 - Description of the Plan - (Continued)

***Participant accounts***

Each participant's account is credited with the participant's contributions and an allocation of Employer contributions, if any, and plan earnings and losses, and charged with an allocation of administrative expenses. Allocations of plan earnings and losses are based on a participant's account balance in each investment option as a percentage of the total of all participants' account balances. Allocations of forfeitures are based on the participant's compensation as a percent of the total of all participants' compensation.

***Vesting***

Participants are vested immediately in their contributions, and any income or loss thereon. Company contributions and earnings thereon vest at a rate of 25% per year of service. An employee is fully vested after four years of service.

***Payment of benefits***

The benefit a participant is entitled to is the value of the participant's vested interest in his or her account. Upon death, disability, or retirement, a lump-sum distribution will be made in the amount equal to the participant's account balance. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Employer has the option to require terminated participants with vested account balances less than $5,000 to take lump-sum distributions unless a rollover is requested by the participant. Account balances exceeding $1,000 may be distributed to an Individual Retirement Account or Annuity (IRA) for the benefit of the participant.

***Investment options***

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a number of mutual funds as investment options for participants.

***Notes receivable from participants***

Under provisions of the Plan, participants are allowed to borrow from their plan accounts. The maximum amount that a participant may borrow is the lesser of (i) fifty percent (50%) of their total vested account balance or (ii) $50,000. The minimum amount of a note is $1,000. The notes are secured by the balance in the participant's account and bear interest at prime rate plus one percent. Principal and interest are paid ratably through periodic payroll deductions.

## Note 1 - Description of the Plan - (Continued)

***Forfeitures***

Forfeitures of nonvested discretionary contributions are applied to reduce administrative expenses of the Plan, then any remaining forfeitures shall be applied to reduce employer contributions, as defined in the agreement.

Forfeitures are allocated in the same manner as discretionary Employer contributions. At December 31, 2013 and 2012, there were no forfeitures available to be used to reduce future employer contributions or plan expenses. For the year ended December 31, 2013, there were no amounts used to pay administrative expenses or reduce employer contributions.

***Administrative expenses***

Administrative expenses are generally paid by the Employer. However, the Plan may pay transaction fees which are allocated to the specific participants initiating the transaction.

## Note 2 - Summary of Significant Accounting Policies

***Basis of accounting***

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

***Use of estimates***

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting periods. Actual results could differ from those estimates. See Note 3 for discussion of significant estimates used to measure fair value of investments.

***Investment valuation and income recognition***

Plan investments are stated at fair value. See Note 3. Purchases and sales of investments 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.

## Note 2 - Summary of Significant Accounting Policies – (Continued)

***Notes receivable from participants***
Notes receivable from participants are recorded at their unpaid principal balance plus any unpaid accrued interest. An allowance for credit losses is not necessary, as the notes are collateralized by the participants' account balance. Delinquent notes from participants are reclassified as distributions based upon provisions of the Plan document.

***Payments of benefits***
Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

***Risks and uncertainties***
The Plan and its participants invest in various investment securities. Investment securities, in general, 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 such changes could materially affect participants' account balances.

***Subsequent events***
Management of the Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 14, 2014, the date which the financial statements were available to be issued. See Note 11.

## Note 3 - Fair Value Measurements

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 on the measurement date. The framework for measuring fair value provides a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

**Note 3 - Fair Value Measurements – (Continued)**

The three levels of the fair value hierarchy which prioritize the inputs used in measuring fair value are described below:

***Level 1***: Quoted prices in active markets for identical assets or liabilities.

***Level 2***: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

***Level 3***: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds:* Valued at the closing price reported on the active market on which the fund is traded.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. The disclosed fair value may not be realized in the immediate settlement of the financial asset. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed. As of December 31, 2013 and 2012, all Plan investments were participant directed.

**Note 3 - Fair Value Measurements – (Continued)**

The Plan's fair value hierarchy for those assets measured at fair value is as follows:

| Description | December 31, 2013 Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Money market funds | **$ 404,769** | **$ 404,769** | **$ -** | **$ -** |
| International stock funds | **1,752,955** | **1,752,955** | **-** | **-** |
| Domestic stock funds | **1,483,545** | **1,483,545** | **-** | **-** |
| Bond funds | **258,985** | **258,985** | **-** | **-** |
| | **$ 3,900,254** | **$ 3,900,254** | **$ -** | **$ -** |

| Description | December 31, 2012 Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Money market funds | $ 197,818 | $ 197,818 | $ - | $ - |
| International stock funds | 884,495 | 884,495 | - | - |
| Domestic stock funds | 815,569 | 815,569 | - | - |
| Bond funds | 210,477 | 210,477 | - | - |
| | $ 2,108,359 | $ 2,108,359 | $ - | $ - |

## Note 4 - Investments

The Plan's investments, at fair value, representing 5% or more of net assets available for benefits were comprised of the following at December 31:

| | | **2013** | | 2012 |
|---|---|---|---|---|
| Blackrock Global Allocation – A | **$** | **1,324,385** | $ | * |
| Merrill Lynch Ready Assets Prime Money | | **403,971** | | 181,218 |
| S&P 500 Stock Fund – INSTL | | **380,350** | | * |
| Mainstay Large Cap Growth Fund – R2 | | **357,200** | | * |
| BlackRock Global Allocation – R | | * | | 589,288 |
| Mainstay Large Cap Growth Fund – R3 | | * | | 219,708 |
| Blackrock S&P 500 Index – A | | * | | 209,479 |
| American Funds EuroPacific Growth – R2 | | * | | 132,365 |
| PIMCO Total Return – R | | * | | 131,862 |

* Represents less than 5% of net assets as of the date reported.

## Note 5 - Information Certified to by the Trustee (Unaudited)

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule. The Custodian has certified that the following data is complete and accurate as of December 31:

| | | **2013** | | 2012 |
|---|---|---|---|---|
| Mutual funds | **$** | **3,900,254** | $ | 2,108,359 |

The Custodian also certified to the completeness and accuracy of $340,268 of net appreciation in fair value of investments, and $150,130 of dividend and interest income for the year ended December 31, 2013.

## Note 6 - Plan Termination

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

## Note 7 - Income Tax Status

The Plan, a prototype plan, received a favorable determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years 2009 and prior.

## Note 8 - Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. The investments are mutual funds managed by MG Trust Company, and as such, transactions conducted by MG Trust Company qualify as party-in-interest transactions.

## Note 9 – Reconciliation to the Form 5500

The following are reconciliations of net assets available for benefits as of December 31, 2013 and 2012 and changes in net assets available for benefits for the year ended December 31, 2013 per Form 5500 to the financial statements:

| | **2013** | 2012 |
|---|---|---|
| Net assets available for benefits per Form 5500 | **$ 4,006,610** | $ 2,235,454 |
| Participants' contributions receivable | **11,881** | 9,879 |
| Excess contributions payable | **(2,751)** | (33,203) |
| Rounding | **1** | (4) |
| Net assets available for benefits per financial statements | **$ 4,015,741** | $ 2,212,126 |

| | **2013** |
|---|---|
| Net increase in net assets available for benefits per Form 5500 | **$ 1,771,156** |
| Prior year participants' contributions receivable | **(9,879)** |
| Current year participants' contributions receivable | **11,881** |
| Prior year excess contributions payable | **33,203** |
| Current year excess contributions payable | **(2,751)** |
| Rounding | **5** |
| Net increase in net assets available for benefits per financial statements | **$ 1,803,615** |

## Note 10 – Excess Contributions Payable

Excess contributions payable of $2,751 and $33,203 as of December 31, 2013 and 2012, respectively, relate to amounts payable to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination testing provisions.

## Note 11 – Subsequent Events

Subsequent to December 31, 2013, the Plan was amended to include the employees of Safepoint Security, LLC.

# SUPPLEMENTAL SCHEDULE

**WILLOW BEND MORTGAGE COMPANY**
**401(k) PROFIT SHARING PLAN**

Form 5500 - Schedule H Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2013

EIN: 27-2222826
PN: 001

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (e) Current Value |
|---|---|---|---|
| * | MG Trust | Blackrock Global Allocation - A | $ 1,324,385 |
| * | MG Trust | Merrill Lynch Ready Assets Prime Money | 403,971 |
| * | MG Trust | S & P 500 Stock Fund - INSTL | 380,350 |
| * | MG Trust | Mainstay Large Cap Growth Fund - R2 | 357,200 |
| * | MG Trust | Blackrock Equity Dividend - A | 187,326 |
| * | MG Trust | PIMCO Total Return - A | 183,118 |
| * | MG Trust | American Funds EuroPacific Growth - R3 | 175,815 |
| * | MG Trust | Goldman Sachs Growth Opportunities- A | 163,564 |
| * | MG Trust | Putnam Capital Opportunities - A | 123,871 |
| * | MG Trust | Oppenheimer Developing Markets - A | 118,758 |
| * | MG Trust | Perkins Mid Cap Value Fund Class A (1267) | 107,183 |
| * | MG Trust | Templeton Foreign Fund - A | 84,914 |
| * | MG Trust | Lord Abbett Developing Growth Fund Income - A | 70,377 |
| * | MG Trust | Franklin US Govt Securities - A | 69,232 |
| * | MG Trust | Oppenheimer International Growth Fund - A | 49,083 |
| * | MG Trust | Janus Balances Fund Class A(1251) | 47,370 |
| * | MG Trust | Lord Abbett High Yield Fund - A | 35,017 |
| * | MG Trust | Thornburg Value Fund - R4 | 11,287 |
| * | MG Trust | PIMCO Foreign Bond - A | 6,346 |
| * | MG Trust | JPMorgan Government Bond - A | 289 |
| | | Cash | 798 |
| | Total investments | | 3,900,254 |
| * | Notes receivable from participants | Interest rates ranging 4.25% - 10.25% | 106,357 |
| | | | $ 4,006,611 |

* Indicates a party-in-interest as defined by ERISA

Column (d) Cost is not required since all investments are directed by participants.

See report of independent auditors.

Willow Bend Mortgage

Assets held as of 12/31/2013

| | | Shares Held | PPS | Total $ amt |
|---|---|---|---|---|
| Blackrock S&P 500 Inst | BSPIX | 1713.520 | 221.97 | 380,350.03 |
| Franklin U.S. Government A | FKUSX | 10733.673 | 6.45 | 69,232.19 |
| Goldman Sachs Growth Opportunities A | GGOAX | 5854.120 | 27.94 | 163,564.11 |
| Janus Balanced A | JDBAX | 1581.110 | 29.96 | 47,370.06 |
| Janus Perkins Mid Cap Value A | JDPAX | 4590.266 | 23.35 | 107,182.71 |
| Lord Abbett Developing Growth A | LAGWX | 2730.947 | 25.77 | 70,376.50 |
| Lord Abbett High Yield A | LHYAX | 4483.592 | 7.81 | 35,016.85 |
| BlackRock Equity Dividend Inv A | MDDVX | 7715.249 | 24.28 | 187,326.25 |
| BlackRock Global Allocation A | MDLOX | 62090.257 | 21.33 | 1,324,385.18 |
| MainStay Large Cap Growth R2 | MLRTX | 35471.726 | 10.07 | 357,200.28 |
| Ready Assets Prime Money Fund | MRAXX | 403971.380 | 1.00 | 403,971.38 |
| Oppenheimer Developing Markets A | ODMAX | 3123.557 | 38.02 | 118,757.64 |
| JPMorgan Government Bond A | OGGAX | 26.609 | 10.85 | 288.71 |
| Oppenheimer International Growth A | OIGAX | 1279.868 | 38.35 | 49,082.94 |
| Putnam Capital Opportunities A | PCOAX | 7395.292 | 16.75 | 123,871.14 |
| PIMCO Foreign Bond (USD-Hedged) A | PFOAX | 603.215 | 10.52 | 6,345.82 |
| PIMCO Total Return A | PTTAX | 17129.834 | 10.69 | 183,117.93 |
| American Funds EuroPacific Growth R3 | RERCX | 3652.918 | 48.13 | 175,814.94 |
| Templeton Foreign A | TEMFX | 10218.293 | 8.31 | 84,914.01 |
| Thornburg Value R4 | TVIRX | 249.162 | 45.30 | 11,287.04 |
| Cash | | | | 798.45 |
| | | | | |
| Loan | | | | 106,357.28 |
| | | | | 4,006,611.45 |

Merrill Lynch
1400 Merrill Lynch Drive
Mail Stop NJ2-140-03-51
Pennington, NJ 08534

Merrill Lynch
Wealth Management®
Bank of America Corporation

RI 000000 750 959 011240 #@01 AT 0.406

WILLIA C SHADDOCK
2400 DALLAS PKWY
PLANO, TX 75093-4370

**Plan Name: WILLIA C SHADDOCK**
**Plan Number: RC0175027**

April 12, 2014

Dear Plan Sponsor,

Enclosed please find information that Merrill Lynch Wealth Management has prepared to assist you and your 5500 preparer in completing Form 5500 Schedule C for the plan identifed above (the "Plan").[1]

In general, Department of Labor guidelines on the Form 5500 Schedule C require disclosure of direct and indirect compensation paid from plan assets to individuals, corporations and other parties who provide services to certain employer-sponsored plans that are subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The enclosed report lists revenues paid directly or indirectly from your plans' assets with respect to services provided to the plan by Merrill Lynch Wealth Management.[2] Please share this information with your 5500 preparer. For more information regarding the Form 5500 Schedule C reporting requirements, please refer to the U.S. Department of Labor's Employee Benefits Security Administration website at http:/www.dol.gov/ebsa.

We are providing the enclosed Employer Plan Annual Revenue Information Report and related disclosure information to assist you, your attorney and your other personal professional advisors in completing your plan's Form 5500 Schedule C. Other service providers to your plan, including affiliates of Merrill Lynch Wealth Management, may provide additional documentation to you in connection with your Schedule C reporting. Accordingly, it is important that you refer to all of these documents, including your plan's individual contracts and invoices, for the payor, compensation and other information necessary to complete your plan's Form 5500 Schedule C. Neither Merrill Lynch nor its financial advisors provide tax, accounting or legal advice. We encourage you to obtain the advice of your legal and tax professional advisors if you have any questions regarding your Form 5500 filing requirements.

Should you have any questions with regard to the information we have provided or need additional information, please contact your Merrill Lynch financial advisor.

Sincerely,

Merrill Lynch Wealth Management

[1] Plan sponsors with fewer than 100 employees: certain small plans may not be required to file a schedule C. Please consult with your personal professional advisors as to your obligations to file the Schedule C.

[2] The enclosed report discloses gross revenues before expenses incurred for services we provide to your plan.

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated ("MLPF&S"), and other affiliates of Bank of America Corporation ("BAC"). MLPF&S is a registered broker-dealer, member SIPC and a wholly owned subsidiary of BAC.

Investment products:

| Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value |
|---|---|---|

© 2012 Bank of America Corporation. All rights reserved. | ARS512S4

## EMPLOYER PLAN ANNUAL REVENUE INFORMATION REPORT

**January 2013 - December 2013**

## INDIRECT COMPENSATION

| Type of Compensation | Service Provider | Service Provider EIN | Service Provider Address | Service Provider Relationship to Employer or Organization | Indirect Compensation | Formula in lieu of Dollar Amount | Qualifies as Eligible Indirect Compensation |
|---|---|---|---|---|---|---|---|
| INVESTMENT MANAGEMENT FEES (INDIRECT) | MERRILL LYNCH, PIERCE, FENNER AND SMITH | 135674085 | 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281 | BROKERAGE | $227.14 | | Yes |
| SHAREHOLDER SERVICING FEES | MERRILL LYNCH, PIERCE, FENNER AND SMITH | 135674085 | 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281 | BROKERAGE | $5,911.48 | | Yes |
| SUB-TRANSFER AGENCY FEES* | MERRILL LYNCH, PIERCE, FENNER AND SMITH | 135674085 | 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281 | BROKERAGE | $252.73 | | Yes |
| DISTRIBUTION (12B-1) FEES | MERRILL LYNCH, PIERCE, FENNER AND SMITH | 135674085 | 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK,NY 10281 | BROKERAGE | $10,770.09 | | Yes |

* A portion of the indirect compensation received by Bank of America Merrill Lynch from your plan is passed through to your recordkeeping services provider.

**Employer Plan Annual Revenue Information Report Disclosure**
This *Employer Plan Annual Revenue Information Report Disclosure* is being provided in conjunction with your *Employer Plan Annual Revenue Information Report* provided by Merrill Lynch[1] as a service provider to your plan and includes information that is relevant to employee benefit plans which may be required to file Form 5500. The *Employer Plan Annual Revenue Information Report* includes information about revenues that have been paid from your plan to Merrill Lynch. This Disclosure document contains information about certain nonmonetary compensation, as well as eligible indirect compensation *that may have been received* by Merrill Lynch. This revenue may have been paid to Merrill Lynch as fees for services or investments from a variety of sources, including the mutual funds offered as investment options under your plan. The indirect compensation reported hereunder is intended to comply with the Form 5500 Schedule C reporting requirements.

**Float Revenue - Float**
Please refer to the Float disclosure provided by Merrill Lynch which reviews cash management practices that affect your plan. For additional information or for a copy of this Float disclosure please contact your Merrill Lynch Financial Advisor.

**Investment Management Fees (Indirect) - Institutional, Retail Money Funds, Retirement Bank Account and Collective Investment Trust**
Institutional, Retail Money Funds, Retirement Bank Account (RBA) and Collective Investment Trust amounts have been estimated using an asset value derived by averaging weeks'-end assets.

**Non-monetary compensation - Gifts and Entertainment**
Merrill Lynch will report gifts and entertainment received by it or its employees to the extent such amounts exceed the U.S. Department of Labor ("DOL") Form 5500 Schedule C de minimus thresholds for any plan in a single year. In general, under DOL rules if each gift or entertainment item allocable to a plan in a single year is valued at less than $50 and the aggregate value of gifts from one source in that year is less than $100 (excluding for this purpose individual items under $10), the gift and entertainment items received are not required to be reported. If the $100 aggregate value limit is exceeded, then the value of all the gifts over $10 must be included in the report. The determination of whether Schedule C disclosure of gift and entertainment items that we receive is required is made by Merrill Lynch after examining the gift and entertainment items recorded each year and the value of the recorded gift or entertainment items as may be attributable to a qualified retirement plan client under DOL rules.

**Other investment fee and expenses - Money Market Deposit Account (MMDA)**
Merrill Lynch may receive a fee directly from each participating depository institution of no more than 2% of the average daily deposit balance held by the depository institution in Money Market Deposit Accounts established at the depository institution. The amount of the fee varies from time to time. For more information regarding MMDA, please refer to your service agreement. Other than the regular annual financial service fee applicable to your central asset account, there will be no charge, fee or commission imposed with respect to your MMDA account.

---

We are providing this disclosure information to assist you, your attorney and your other personal professional advisors in completing your plan's Form 5500 Schedule C. Other service providers to your plan, including affiliates of Merrill Lynch Wealth Management, may provide additional documentation to you in connection with your Schedule C reporting. Accordingly, it is important that you refer to all of these documents, including your plan's individual contracts and invoices, for the payor, compensation and other information necessary to complete your plan's Form 5500 Schedule C.

Neither Merrill Lynch nor its financial advisors provide tax, accounting, or legal advice. We encourage you to obtain the advice of your legal and tax professional advisors if you have any questions regarding your Form 5500 Schedule C filing requirements.

Any statements contained herein were not intended or written to be used for the purpose of avoiding U.S., federal, state or local tax penalties.

[1] Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated ("MLPF&S"), and other affiliates of Bank of America Corporation ("BAC"). MLPF&S is a registered broker-dealer, member SIPC and a wholly owned subsidiary of Bank of America Corporation ("BAC").

Investment products:

| Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value |
|---|---|---|

MLPF&S makes available investment products sponsored, managed, distributed or provided by companies that are affiliates of BAC or in which BAC has a substantial economic interest, including, BofA™ Global Capital Management.

© 2012 Bank of America Corporation. All rights reserved. | ARS2SOR7