

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 <u>SECURUS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>09/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>09/01/2000</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TILSON HR, INC.</u> <u>1530 AMERICAN WAY, SUITE 222</u> <u>GREENWOOD, IN 46147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1954179</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>317-885-3838</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1954179</u>	2c Sponsor's telephone number <u>317-885-3838</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>35-1954179</u>					
2c Sponsor's telephone number <u>317-885-3838</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/15/2014</u>	<u>BRENT TILSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1496
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	997
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits		6c	345
d Subtotal. Add lines 6a , 6b , and 6c		6d	1342
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	1342
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	885
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
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 2G 2J 2K 2R 2S 3B 3F 2F			
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 SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

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

TRANSAMERICA 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
39-0989781	86231	930016-000	0	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 -78403	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

HARDWICK INSURANCE SERVICES LLC
PRODUCER MARK A HARDWICK
1530 AMERICAN WAY STE 222
GREENWOOD, IN 46143

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28315			3

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

MARK A HARDWICK
10507 ROSS RD
JAMESTOWN, IN 46147-9318

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

Schedule A (Form 5500) 2013
v. 130118

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

THE BANTA GROUP LLC

PRODUCER HARRY A TILSON
PO BOX 797
GREENWOOD, IN 46142

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-106719			3

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

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

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

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

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

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

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

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

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	0
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 ▶

b Balance at the end of the previous year	7b	2632873
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c Additions: (1) Contributions deposited during the year	7c(1)	95744	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	8747	
(4) Transferred from separate account	7c(4)	99891	
(5) Other (specify below)	7c(5)	51119	

▶ DEPOSIT OF INTEREST 40,836 LOAN REPAYMENT 10,283

(6) Total additions	7c(6)	255501
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2888374
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	172593	
(2) Administration charge made by carrier	7e(2)	7038	
(3) Transferred to separate account	7e(3)	100562	
(4) Other (specify below)	7e(4)	2608181	

▶ EXCESS CONTRIB. REFUND 310 LOAN REQUEST 4,677
SURRENDER 2,603,194

(5) Total deductions	7e(5)	2888374
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

39-0989781

(b) Enter name and EIN or address of person who provided you disclosure 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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 37 52 62 64 67	RECORD KEEPER	79041	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 37 38 50	TPA	119248	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	PORTFOLIO MGMT	21048	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)

UBS FINANCIAL SERVICES INC

1000 HARBOR BLVD 6TH FL
WEEHAWKEN, NJ 07086

(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?
27	ADVISOR	27973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TILSON HR

35-1954179

(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 ADMINISTRATOR	89471	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.	

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
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(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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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 SECURUS 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; padding: 5px; text-align: center;">333</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	333		
B Three-digit plan number (PN) ►	333				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)			
a Name of MTIA, CCT, PSA, or 103-12 IE: WMC QUALITY GROWTH EQUITY RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-101</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-102</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA HIGH YIELD BOND RET OP				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-103</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-103	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-103	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-119</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-143</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-150</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT				
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">c EIN-PN 39-0989781-166</td> <td style="width: 20%; padding: 5px;">d Entity code P</td> <td style="width: 20%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		

a Name of MTIA, CCT, PSA, or 103-12 IE: [MORGAN STANLEY GROWTH OPPORTUNITIES](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WMC CORE EQUITY RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEUBERGER BERMAN GENESIS INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY ADVISOR EQUITY INCOME INV](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO INTERNATIONAL GROWTH RET OP](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN SMALL-MID CAP GROWTH RET O](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JANUS CAPITAL APPRECIATION RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER GLOBAL RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS MID GROWTH RE](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-425	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS LARGE CORE RE](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-426	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS MID VALUE RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS LARGE VALUE R](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-428	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS HIGH YIELD BO](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CALVERT EQUITY PORTFOLIO INV OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-439	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN BIOTECHNOLOGY DISCOVERY IN](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-440	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO LEISURE INV OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-443	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY ADVISOR SMALL CAP INV OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DREYFUS INTERNATIONAL VALUE INV OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FUNDS WASHINGTON MUTUAL IN](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-008	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER CAPITAL APPRECIATION IN](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FUNDS GROWTH FUND OF AMERI](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY ADVISOR STOCK SELECTOR MID](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO ADVANTAGE SMALL CAP VAL](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-021	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FUNDS NEW PERSPECTIVE INV](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FUNDS BALANCED INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS HIGH QUALITY](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA S&P MID CAP INDEX RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA U.S. BOND INDEX RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN CENTURY VISTA INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-040	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEUBERGER BERMAN LARGE CAP VALUE IN](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN UTILITIES INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSSEL SMALL CAP VALUE INDEX](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT INCOME R](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2015 RET](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2025 RET](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2035 RET](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2045 RET](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [GOLDMAN SACHS TECHNOLOGY TOLLKEEPER](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN REAL ESTATE SECURITIES RET O](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NUVEEN SMALL CAP SELECT RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET SMALL- & MI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-090	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSERVATIVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRATEGY GROWTH RET OP**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRATEGY INCOME RET OP**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRATEGY MODERATE GROW**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2055 RET**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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 01/01/2013 and ending 12/31/2013	
A Name of plan SECURUS 401(K) PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
TILSON BENEFITS GROU	PRIMARY OWNER IS A PLAN FIDUCIARY	COMMISSIONS RECEIVED DURING PERIOD JANUARY 2006 THROUGH MARCH 2012			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
			412558	484156	71598

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 SECURUS 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TILSON HR, INC.	D Employer Identification Number (EIN) 35-1954179

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	290866	169030
(2) Participant contributions.....	1b(2)	56552	67117
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	117309	166209
(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)	357213	419476
(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)	735304	806546
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	24864172	
(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)	169658	32463748
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2632872	
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	29223946	34092126

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29223946	34092126
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	903827	
(B) Participants	2a(1)(B)	2537909	
(C) Others (including rollovers)	2a(1)(C)	1141283	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4583019
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)	34125	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34125
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	16684	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	813763	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		830447
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	297537	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	272912	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		24625
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	61141	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		61141

		(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)		2047321
(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)		1996395
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9577073

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4523582	
(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)		4523582
f Corrective distributions (see instructions)	2f		28894
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2696	
(2) Contract administrator fees	2i(2)	287855	
(3) Investment advisory and management fees	2i(3)	51183	
(4) Other	2i(4)	86	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		341820
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4894296

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4682777
l Transfers of assets:			
(1) To this plan	2l(1)		2518751
(2) From this plan	2l(2)		2333348

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: CLIFTONLARSENALLEN LLP

(2) EIN: 41-0746749

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		29223
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	
4c			
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		412558
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
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)
ONESOURCE WATER, LLC 401(K) PLAN	27-2870734	001
CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN	35-1832797	333
CHILD ADVOCATES, INC. 401(K) PROFIT SHARING PLAN	35-1788240	001
SOUTHEAST COMMUNITY SERVICES, INC. 401K PLAN	35-1318068	002

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
-------------------------	-----------------------

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
WORKSMART SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST	35-2060071	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>SECURUS 401(K) 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>TILSON HR, INC.</u>	D Employer Identification Number (EIN) <u>35-1954179</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
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>65-0708495</u> <u>42-6362604</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.
----------------	---

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): _____

SECURUS 401(k) PLAN
Greenwood, Indiana

FINANCIAL STATEMENTS
December 31, 2013 and 2012

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Securus 401(k) Plan
Greenwood, Indiana

Report on the Financial Statements

We have audited the accompanying financial statements of Securus 401(k) Plan, (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility for the 2013 Financial Statements

Our responsibility is to express an opinion on the 2013 financial statements based on our audit. We conducted our audit 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 auditors' 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 Plan'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 Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the 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 on the 2013 financial statements.

Auditors' Responsibility for the 2012 Financial Statements

Our responsibility is to express an opinion on the 2012 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 on the 2012 Financial Statements* 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 on 2012 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the investment assets held by Transamerica Life Insurance Company, the Insurer of the Plan, and U.S. Bank, NA, the Custodian of certain Plan investment assets, and transactions in those assets were excluded from the scope of our audit of the Plan's 2012 financial statements, except for comparing the information provided by the Insurer and Custodian, which is summarized in Note 3, with related information included in the financial statements.

Disclaimer of Opinion on 2012 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on 2012 Financial Statements* 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.

Opinion on the 2013 Financial Statements

In our opinion, the financial statements referred to in the first paragraph of Securus 401(k) Plan as of December 31, 2013, and for the year then ended, present fairly, in all material respects, the financial status of Securus 401(k) Plan as of December 31, 2013, and changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2013, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule G, Part III – Schedule of Nonexempt Transactions, together referred to as “supplemental information”, as of and for the year ended December 31, 2013, are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 audit of the 2013 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.

Report on Form and Content of the 2012 Financial Statements in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by the Insurer and 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.

CliftonLarsonAllen LLP

Indianapolis, Indiana
October 13, 2014

SECURUS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments at fair value:		
Pooled separate accounts	\$ -	\$ 24,864,172
Mutual funds	32,243,269	-
Stable value fund	-	2,632,872
Self-directed accounts	<u>806,164</u>	<u>644,180</u>
Total investments	<u>33,049,433</u>	<u>28,141,224</u>
Receivables:		
Co-employers contributions	169,030	290,866
Participant contributions	67,117	56,552
Notes receivable from participants	<u>806,547</u>	<u>735,304</u>
Total receivables	<u>1,042,694</u>	<u>1,082,722</u>
TOTAL ASSETS	<u>34,092,127</u>	<u>29,223,946</u>
LIABILITIES		
Excess contributions payable	<u>52,689</u>	<u>19,490</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 34,039,438</u></u>	<u><u>\$ 29,204,456</u></u>

The accompanying notes are an integral part of the financial statements.

SECURUS 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income	\$ 830,446	\$ 54,690
Net appreciation in fair value of investments	<u>4,096,284</u>	<u>3,071,474</u>
Total investment income	<u>4,926,730</u>	<u>3,126,164</u>
Interest income on notes receivable from participants	<u>34,125</u>	<u>36,175</u>
Contributions:		
Participant salary	2,537,909	2,166,434
Participant rollover	1,141,283	320,549
Co-employers	<u>903,827</u>	<u>1,080,366</u>
Total contributions	<u>4,583,019</u>	<u>3,567,349</u>
Total additions	<u>9,543,874</u>	<u>6,729,688</u>
Deductions from net assets attributed to:		
Benefits paid to participants	4,552,476	2,303,254
Administrative expenses	<u>341,819</u>	<u>279,784</u>
Total deductions	<u>4,894,295</u>	<u>2,583,038</u>
NET INCREASE	4,649,579	4,146,650
ASSETS TRANSFERRED FROM CO-EMPLOYERS PLANS	2,518,751	5,352,003
ASSETS TRANSFERRED TO CO-EMPLOYERS PLANS	(2,333,348)	(6,609,906)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>29,204,456</u>	<u>26,315,709</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 34,039,438</u>	<u>\$ 29,204,456</u>

The accompanying notes are an integral part of the financial statements.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of Securus 401(k) Plan (the Plan) are prepared on the accrual basis of accounting.

USE OF ESTIMATES

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

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. See Note 4 for discussion of fair value measurements.

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. As discussed in Note 6, the Plan invests in a stable value fund which is a fully benefit-responsive fund. The Plan's statement of net assets available for benefits presents the fair value of this investment, which Transamerica Life Insurance Company, the Plan's insurer, has determined approximates its contract value. The Plan's statement of changes in net assets available for benefits is prepared on a contract value basis.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based upon the terms of the Plan Agreement.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

PLAN EXPENSES

Administrative expenses for maintaining the Plan may be paid by the participating Co-employers or the Plan, at the Co-employers' discretion. Loan administration fees are charged directly to the participant's account and are included in administrative expenses.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

SUBSEQUENT EVENTS

Management evaluated subsequent events through October 13, 2013, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2013, but prior to October 13, 2013, that provided additional evidence about conditions that existed at December 31, 2013, have been recognized in the financial statements as of December 31, 2013. Events or transactions that provided evidence about conditions that did not exist at December 31, 2013 but arose before the financial statements were available to be issued have not been recognized in the financial statements as of December 31, 2013.

NOTE 2 – DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

- A. General** – The Plan was organized effective September 1, 2000, as a multiple-employer defined contribution retirement savings plan covering all eligible employees of participating co-employers. Tilson HR, Inc. (the Plan Sponsor) makes the Plan available under a co-employment arrangement with those companies (Co-employers) that elect to participate in the Plan. Each participating co-employer has established participation requirements for its affected employees, independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. Contributions** – Plan participants may authorize the Co-employers to contribute to the Plan up to 100% of their annual compensation, subject to the maximum annual amount permitted under the Internal Revenue Code (IRC). Participants who attain age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from amounts representing distributions from other qualified plans.

The Plan includes an auto-enrollment provision that can be elected by each Co-employer. If elected by the Co-employers, newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their contribution rate set at 3% of eligible compensation and their contributions are invested in a designated fund until an investment election is made by the participant.

Matching contributions may be made based on criteria established by each Co-employer's board of directors before the beginning of each Plan year. Additional amounts may also be contributed at the option of each Co-employer's board of directors at the end of each Plan year and allocated to participants' accounts based upon annual compensation within each Co-employer's participant group.

Participants direct the investment of their contributions, as well as those made by the Co-employers, into various investment options offered by the Plan.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 – DESCRIPTION OF PLAN (continued)

- B. *Contributions*** (continued) – Amounts payable to participants for contributions in excess of amounts allowed under the IRC are recorded as a liability with a corresponding reduction in contributions. The Plan distributed the excess contributions at December 31, 2013, to the applicable participants prior to March 15, 2014.
- C. *Participant Accounts*** – Each participant's account is credited with the participant's contributions and Co-employers' contributions, as well as allocations of Plan earnings. Participant accounts may also be charged with an allocation of certain administrative expenses of the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- D. *Vesting*** – Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Co-employers' contribution portion of their account is based on years of continuous service. A participant is generally 100% vested after six years of credited service. Vesting schedules are determined by each Co-employer for its participant group.
- E. *Notes Receivable from Participants*** – Participants may borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The terms of the notes range up to 5 years except notes issued to purchase a principal residence, for which the terms cannot exceed 30 years. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and Interest are paid ratably through regular payroll deductions.
- F. *Payment of Benefits*** – Upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan Agreement, a participant may elect to receive a lump-sum cash distribution equal to the value of the participant's vested interest in his or her account. Hardship and in-service withdrawals, as defined in the Plan Agreement, are also permitted from a participant's account. Benefits are recorded by the Plan when paid.
- G. *Forfeitures*** – At December 31, 2013 and 2012, forfeited nonvested accounts of terminated participants totaled \$9,267 and \$4,622, respectively. These accounts will be used to reduce future Co-employers contributions or pay Plan expenses. For the years ended December 31, 2013 and 2012, forfeited nonvested accounts of \$7,046 and \$18,749, respectively, were used to pay Co-employer contributions and Plan expenses.
- H. *Termination*** – Although they have not expressed any intent to do so, the Plan Sponsor or Co-employers have the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants will become 100% vested in their accounts.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 3 – INVESTMENT INFORMATION CERTIFIED BY INSURER AND CUSTODIAN

All 2012 investment information disclosed in the accompanying financial statements and related notes, other than as disclosed in Note 7, has not been audited, but was obtained or derived from information provided to the Plan Administrator by the Plan's Insurer and Custodian. The following is a summary of the Plan's investment information which has been certified as complete and accurate as of December 31, 2012, and for the year then ended by Transamerica Life Insurance Company, the Insurer, and U.S. Bank, NA, the Custodian of certain Plan investment assets, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>2013</u>	<u>2012</u>
Pooled Separate Accounts:		
Vanguard Target Retirement 2015	\$ -	\$ 2,127,405*
Vanguard Target Retirement 2020	-	2,090,963*
Vanguard Target Retirement 2035	-	1,711,745*
Other pooled separate accounts	<u>-</u>	<u>18,934,059</u>
	<u>-</u>	<u>24,864,172</u>
Mutual Funds:		
MFS Utilities A	3,965,388*	-
Vanguard Total Stock Market Index Signal	4,880,980*	-
Vanguard Short Term Federal Admiral	3,513,759*	-
Vanguard Money Market Prime	3,940,023*	-
Other mutual funds	<u>15,943,479</u>	<u>-</u>
	<u>32,243,629</u>	<u>-</u>
Self Directed Accounts		
Common stocks	419,535	251,777
Mutual fund shares	220,055	169,659
Money market fund shares	<u>166,574</u>	<u>15,159</u>
	<u>806,164</u>	<u>436,595</u>
Total Investments	<u>\$ 33,049,433</u>	<u>\$ 27,933,639</u>

* Represents 5% or more of the Plan's net assets available for benefits at the date indicated.

	<u>2013</u>	<u>2012</u>
Interest and dividend income	<u>\$ 830,446</u>	<u>\$ 53,508</u>
Net appreciation in fair value of investments:		
Fair value measured by quoted prices in an active market:		
Common stock	\$ 52,568	\$ 29,450
Mutual fund shares	1,996,395	18,359
Fair value measured by other methods:		
Pooled separate accounts	<u>2,047,321</u>	<u>3,000,414</u>
	<u>\$ 4,096,284</u>	<u>\$ 3,048,223</u>

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy 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; and 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodologies used by the Plan for investment assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual Fund Shares and Money Market Fund Shares: Valued at the published net asset value (NAV) of the shares held by the Plan at the reporting date.

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

Pooled Separate Accounts: Valued at unit price reported by the sponsoring insurance company. Generally, the unit price is based on quoted market prices of the underlying investments owned, less any accrual of fees and expenses borne by the account, and divided by the number of units outstanding.

Stable Value Fund: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

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

Following is a summary, by major nature and risks class within each level of the fair value hierarchy, of the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2013 and 2012:

<u>2013</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Large cap growth	\$ 1,046,404	\$ -	\$ -	\$ 1,046,404
Mid cap growth	306,804	-	-	306,804
Small cap growth	437,765	-	-	437,765
Large cap blend	12,172,302	-	-	12,172,302
Mid cap blend	1,390,989	-	-	1,390,989
Small cap blend	345,258	-	-	345,258
International large blend	1,610,605	-	-	1,610,605
Large cap value	4,599,971	-	-	4,599,971
Mid cap value	234,044	-	-	234,044
Small cap value	241,528	-	-	241,528
High yield bond	198,497	-	-	198,497
Inflation protected bond	1,155,945	-	-	1,155,945
Intermediate term bond	845,932	-	-	845,932
Short term bond	183,043	-	-	183,043
Short term government bond	3,514,048	-	-	3,514,048
Money market funds	3,960,134	-	-	3,960,134
Self-directed accounts				
Common stock – large cap	307,270	-	-	307,270
Common stock – mid cap	13,100	-	-	13,100
Common stock – small cap	82,443	-	-	82,443
Common stock – international	16,722	-	-	16,722
Mutual funds – large cap	170,023	-	-	170,023
Mutual funds – small cap	22,229	-	-	22,229
Mutual funds – international	27,803	-	-	27,803
Money market funds	166,574	-	-	166,574
Total investments at fair value	<u>\$ 33,049,433</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,049,433</u>

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

<u>2012</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Fixed income funds	\$ -	\$ 2,502,449	\$ -	\$ 2,502,449
Large Cap funds	-	5,860,885	-	5,860,885
Small Cap funds	-	1,496,853	-	1,496,853
Target retirement date funds	-	10,482,132	-	10,482,132
Hybrid funds	-	1,198,406	-	1,198,406
International funds	-	2,034,854	-	2,034,854
Other funds	-	1,288,593	-	1,288,593
Stable value fund	-	-	2,632,872	2,632,872
Self-directed accounts – common stocks:				
Large Cap stocks	249,434	-	-	249,434
Mid Cap stocks	7,919	-	-	7,919
Small Cap stocks	79,742	-	-	79,742
International stocks	20,118	-	-	20,118
Self-directed accounts – mutual fund shares:				
Large Cap funds	130,602	-	-	130,602
Small Cap funds	15,609	-	-	15,609
International funds	23,447	-	-	23,447
Self-directed accounts – money market fund shares	<u>117,309</u>	<u>-</u>	<u>-</u>	<u>117,309</u>
Total investments at fair value	<u>\$644,180</u>	<u>\$24,864,172</u>	<u>\$ 2,632,872</u>	<u>\$28,141,224</u>

There were no significant transfers between Level 1 and Level 2 investments during 2013 or 2012.

Following is a summary of the changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2013 and 2012:

	Stable Value Fund	
	<u>2013</u>	<u>2012</u>
Balance at beginning of year	\$ 2,632,872	\$ 2,894,357
Interest	50,559	45,077
Purchases and other, net	107,778	743,382
Sales	<u>(2,791,209)</u>	<u>(1,049,944)</u>
Balance at end of year	<u>\$ -</u>	<u>\$ 2,632,872</u>

At December 31, 2013 and 2012, the Plan had no other assets and no liabilities that are measured at fair value on a recurring basis.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter dated May 24, 2011, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes 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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 6 – STABLE VALUE FUND

At December 31, 2012, the Plan had an investment in the Transamerica Stable Value Option Fund, which is a benefit-responsive fund. As described in Note 1, because this investment is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the Plan's net assets available for benefits attributable to the stable value fund. Contract value, as reported to the Plan by Transamerica Life Insurance Company, 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 were no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield rate based on actual earnings of the fund was approximately 1.45% for 2013 and 1.75% for 2012, and the average interest rate credited to participants was approximately 1.61% for 2013 and 1.65% for 2012.

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) communications from the Plan's sponsor designed to induce participants to transfer from the fund, (4) 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 (5) 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.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 7 – SELF-DIRECTED ACCOUNT

Self-directed investment assets and the related income (loss) amounts that are not certified by the Insurer or Custodian consisted of the following at December 31, 2012, and for the year then ended:

Common stock and mutual funds	\$ 105,435
Money market fund shares	<u>102,150</u>
	<u>\$ 207,585</u>
Dividend income	<u>\$ 1,182</u>
Net appreciation in fair value of common stock shares and mutual funds	<u>\$ 23,251</u>

NOTE 8 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Transamerica Life Insurance Company, the Plan's Insurer and Slavic Mutual Fund Management Corp., the Plan's Portfolio Manager, therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA. The Insurer also receives indirect fees from investments which are deducted from investment returns. Administrative fees paid by the Plan to the Insurer and Portfolio Manager totaled \$219,337 and \$279,784 in 2013 and 2012, respectively.

The Plan Sponsor provided certain accounting, administrative, and investment management services to the Plan for which it received \$89,471 for 2013, and \$42,897 for 2013 and 2012, respectively, and are included in administrative expenses in the accompanying statement of changes in net assets available for benefits.

Notes receivable from participants are permitted party-in-interest transactions.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan's 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 Plan's financial statements.

SECURUS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 10 – PLAN AMENDMENTS

The Plan Agreement was amended in 2012 to change the name of the Plan from Tilson HR 401(k) Plan to Securus 401(k) Plan, to change the trustees of the Plan and to update the definition of compensation to exclude bonuses and reimbursable expenses.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500 at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per financial statements	\$ 34,039,438	\$ 29,204,456
Excess contributions due to participants at end of year	<u>52,689</u>	<u>19,490</u>
Net assets per Form 5500	<u><u>\$ 34,092,127</u></u>	<u><u>\$ 29,223,946</u></u>

The following is a reconciliation of net increase per the financial statements to net income per Form 5500 for the years ended December 31, 2013 and 2012:

Net increase per financial statements	\$ 4,649,579	\$ 4,146,650
Excess contributions due to participants at beginning of year	(19,490)	(23,494)
Excess contributions due to participants at end of year	<u>52,689</u>	<u>19,490</u>
Net income per Form 5500	<u><u>\$ 4,682,778</u></u>	<u><u>\$ 4,142,646</u></u>

NOTE 12 – PROHIBITED TRANSACTIONS

The Department of Labor (the "DOL") conducted an examination of the Plan. By letter dated July 30, 2012, the DOL identified certain compliance issues and alleged prohibited transactions with respect to the Plan. The Plan Sponsor and its principals reached a settlement with the DOL in 2013 regarding the prohibited transaction issues resulting in approximately \$484,156 being paid back to the Plan. This amount is included in Interest and Dividend Income in the Statement of Changes in Net Assets Available for Benefits for 2013.

This information is an integral part of the accompanying financial statements.

SUPPLEMENTAL SCHEDULES

SECURUS 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 35-1954179 PLAN NUMBER: 001

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
MUTUAL FUNDS			
Fidelity Advisor Technology	America Centruy Mid Cap Value	**	\$ 7,879
Fidelity Advisor Technology	American Funds EuroPacific R6	**	1,379,778
Fidelity Advisor Technology	BlackRock Health Sciences Ops I	**	552,678
Fidelity Advisor Technology	DFA Emerging Markets Core Equity	**	159,644
Fidelity Advisor Technology	DFA Inflation Protected SEC Port	**	58,079
Fidelity Advisor Technology	Fidelity Advisor Technology	**	220,113
Fidelity Advisor Technology	Fidelity Adviser Materials I	**	129,760
Fidelity Advisor Technology	Fidelity Spartan 500 Index Adv	**	581,302
Fidelity Advisor Technology	Fidelity Cash Reserves	**	20,107
Fidelity Advisor Technology	JP Morgan Discipline Equity	**	351,608
Fidelity Advisor Technology	MFS Utilities A	**	3,965,388
Fidelity Advisor Technology	PIMCO Total Return Inst	**	589,165
Fidelity Advisor Technology	Principal Large Cap Growth	**	273,613
Fidelity Advisor Technology	Prudential High Yield Z	**	198,497
Fidelity Advisor Technology	Vanguard Inflation Protected Securities	**	1,097,866
Fidelity Advisor Technology	Vanguard Select Value	**	226,165
Fidelity Advisor Technology	Vanguard Short-Term Bond Index Signal	**	183,043
Fidelity Advisor Technology	Vanguard Total Bon Market Index Signal	**	256,765
Fidelity Advisor Technology	Vanguard Equity Income	**	634,583
Fidelity Advisor Technology	Vanguard Retirement 2055	**	14,367
Fidelity Advisor Technology	Vanguard Retirement 2050	**	131,606
Fidelity Advisor Technology	Vnguard Target 2040	**	331,563
Fidelity Advisor Technology	Vanguard Energy Admiral	**	1,188,706
Fidelity Advisor Technology	Vanguard REIT Index Signal	**	1,030,488
Fidelity Advisor Technology	Vanguard Small Cap Growth Index	**	437,765
Fidelity Advisor Technology	Vanguard Small Cap Value Index	**	241,528
Fidelity Advisor Technology	Vanguard Mid Cap Growth	**	277,788
Fidelity Advisor Technology	Vanguard Mid Cap Index Signal	**	230,742
Fidelity Advisor Technology	Vanguard Money Market Prime	**	3,940,023
Fidelity Advisor Technology	Vanguard Short-Term Fed	**	289
Fidelity Advisor Technology	Vanguard Short-Term Federal Admiral	**	3,513,759
Fidelity Advisor Technology	Vanguard Small Cap Index Signal	**	345,259
Fidelity Advisor Technology	Vanguard Target 2030	**	626,943
Fidelity Advisor Technology	Vanguard Retirement Income	**	429,917
Fidelity Advisor Technology	Vanguard Target 2045	**	350,507
Fidelity Advisor Technology	Vanguard Total Int'l Stock Index Signal	**	230,826
Fidelity Advisor Technology	Vanguard Total Stock Market Index Signal	**	4,880,980
Fidelity Advisor Technology	Vanguard Target Retirement 2035	**	964,884
Fidelity Advisor Technology	Vanguard Target Retirement 2060	**	13,956
Fidelity Advisor Technology	Vanguard Target Retirement 2025	**	690,814
Fidelity Advisor Technology	Vanguard Target 2020	**	1,455,510
Fidelity Advisor Technology	Wells Fargo Precious Metals	**	29,016
Total Mutual Funds			<u>32,243,269</u>
SELF-DIRECTED ACCOUNTS - COMMON STOCKS			
Common Stock	Abbott Labs	**	4,210
Common Stock	Abbvie, Inc	**	5,856
Common Stock	Aflac, Inc.	**	8,650
Common Stock	Alcoa, Inc.	**	6,378
Common Stock	Amazon.com, Inc.	**	9,571
Common Stock	American International Group, Inc.	**	308
Common Stock	American International Group, Inc. WT Exp	**	61
Common Stock	AOL, Inc.	**	420
Common Stock	Apple, Inc.	**	32,941
Common Stock	Bed Bath & Beyond, Inc.	**	8,030
Common Stock	Berkshire Hathaway, Inc.	**	5,928
Common Stock	Blackberry LTD	**	1,488
Common Stock	Cardinal Health, Inc.	**	9,194
Common Stock	Carefusion Corp.	**	2,628
Common Stock	Cisco Systems, Inc.	**	18,878
Common Stock	Colgate Palmolive Company	**	21,227
Common Stock	Cytokinetics, Inc.	**	540
Common Stock	Emerson Electronics Company	**	10,879

SECURUS 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 35-1954179 PLAN NUMBER: 001

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
Common Stock	Energy XXI, Ltd.	**	8,154
Common Stock	Exxon Mobil Corp.	**	16,315
Common Stock	Fifth Third Bancorp.	**	4,772
Common Stock	General Electric Company	**	8,935
Common Stock	Gulf Coast Ultra	**	718
Common Stock	Home Depot, Inc.	**	11,536
Common Stock	Intel Corp.	**	8,628
Common Stock	Interactive Intelligence	**	33,680
Common Stock	Johnson & Johnson	**	8,179
Common Stock	Masimo Corp.	**	8,769
Common Stock	Medtronic, Inc.	**	5,797
Common Stock	Merck & Company	**	10,804
Common Stock	Microsoft Corp.	**	6,832
Common Stock	Nabors Industries, Ltd.	**	2,555
Common Stock	Nokia Corp.	**	4,055
Common Stock	Paychex, Inc.	**	8,983
Common Stock	Pfizer, Inc.	**	12,573
Common Stock	Procter & Gamble Company	**	11,317
Common Stock	Sandridge Energy Inc.	**	8,698
Common Stock	Synaptics, Inc.	**	12,953
Common Stock	Sysco Corp.	**	8,146
Common Stock	Target Corp.	**	7,888
Common Stock	Teck Resources, Ltd.	**	7,803
Common Stock	Time Warner Cable, Inc.	**	3,586
Common Stock	Time Warner, Inc.	**	7,423
Common Stock	Transocean, Ltd.	**	4,864
Common Stock	Walgreen Company	**	7,207
Common Stock	Wal-Mart Stores, Inc.	**	6,653
Common Stock	Wells Fargo & Company	**	11,187
Common Stock	Werner Enterprises, Inc.	**	8,468
Common Stock	Whole Foods Market, Inc.	**	4,870
		**	
Total Self-Directed Accounts - Common Stocks			419,535
SELF-DIRECTED ACCOUNTS - MUTUAL FUNDS			
Mutual Funds	Blackrock Basic Value FD CL A	**	\$ 17,621
Mutual Funds	Blackrock Global Allocation CL A	**	14,339
Mutual Funds	Blackrock Long Horizon Equity CL A	**	13,464
Mutual Funds	Blackrock Value Opportunities Fund CL A	**	22,229
Mutual Funds	Invesco American Franchise Fund CL A	**	15,861
Mutual Funds	Invesco Charter Class A	**	96,832
Mutual Funds	Invesco Diversified Dividend Class C	**	39,709
Total Self-Directed Accounts - Mutual Funds			220,055
SELF-DIRECTED ACCOUNTS - MONEY MARKET FUNDS			
Money Market Funds	Fidelity Cash Reserves	**	14,935
Money Market Funds	Schwab Money Market Fund	**	151,277
Money Market Funds	Vanguard Money Mkt Prime	**	362
Total Self-Directed Accounts - Money Market Funds			166,574
* NOTES RECEIVABLE FROM PARTICIPANTS			
Interest at 4.25%-9.25%, with maturities through January 2041			806,547
TOTAL			\$ 33,855,980

* Party-in-interest, but not prohibited transactions

** Participant directed investment

SECURUS 401(k) PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 35-1954179 PLAN NUMBER: 001

Year Ended December 31, 2013

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

\$ 13,131 *

\$ 16,092 **

\$ 13,131

\$ 16,092

* 2010 Plan Year

** 2011 Plan Year

SECURUS 401(k) PLAN
SCHEDULE G, PART III - SCHEDULE OF NONEXEMPT TRANSACTIONS

EIN: 35-1954179 PLAN NUMBER: 001

December 31, 2013

<u>Identity of party involved</u>	<u>Relationship to Plan</u>	<u>Description of transaction</u>	<u>Amount involved</u>	<u>Imputed interest amount</u>
Tilson Benefits Group, LLC	Owner of identified party is a Plan fiduciary	Tilson Benefits Group, LLC, served as investment broker to the Plan and the primary owner of Tilson Benefits Group, LLC is a Plan fiduciary. Commissions received during the period January 2006 through March 2012.	\$ 412,558	\$ 71,598

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

SECURUS 401(K) PLAN		PLAN #333	EIN #:	35-1954179
(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				
	American Century	ACMVX - American Century Mid Cap Value	**	7,879
	American Funds	RERGX - American Funds EuroPacifc R6	**	1,379,778
	BlackRock	SHSSX - BlackRock Health Sciences Ops I	**	552,678
	DFA	DFCEX - DFA Emerging Markets Core Equity	**	159,644
	DFA	DIPSX - DFA Inflation Protected SEC Port	**	58,079
	Fidelity	FATIX - Fidelity Advisor Technology	**	220,113
	Fidelity	FMFEX - Fidelity Advisor Materials I	**	129,760
	Fidelity	FUSVX - Fidelity Spartan 500 Index Adv	**	581,302
	Fidelity	Fidelity Cash Reserves	**	20,107
	JP Morgan	JPIEX - JPMorgan Discipline Equity	**	351,608
	MFS	MMUFX - MFS Utilities A	**	3,965,388
	PIMCO	PTTRX - PIMCO Total Return Inst	**	589,165
	Principal	PLGIX - Principal Large Cap Growth	**	273,613
	Prudential	PHYZX - Prudential High Yield Z	**	198,497
	Vanguard	VAIPX - Vanguard Inflation Protected Securities	**	1,097,866
	Vanguard	VASVX - Vanguard Select Value	**	226,165
	Vanguard	VBSSX - Vanguard Short-Term Bond Index Signal	**	183,043
	Vanguard	VBTSX - Vanguard Total Bond Market Index Signal	**	256,765
	Vanguard	VEIPX - Vanguard Equity Income	**	634,583
	Vanguard	VFFVX - Vanguard Retirement 2055	**	14,367
	Vanguard	VFIFX - Vanguard Target Retirement 2050	**	131,606
	Vanguard	VFORX - Vanguard Target 2040	**	331,563
	Vanguard	VGELX - Vanguard Energy Admiral	**	1,188,706
	Vanguard	VGRSX - Vanguard REIT Index Signal	**	1,030,488
	Vanguard	VISGX - Vanguard Small Cap Growth Index	**	437,765
	Vanguard	VISVX - Vanguard Small Cap Value Index	**	241,528
	Vanguard	VMGRX - Vanguard Mid Cap Growth	**	277,788
	Vanguard	VMISX - Vanguard Mid Cap Index Signal	**	230,742
	Vanguard	VMMXX - Vanguard Money Market Prime	**	3,940,023
	Vanguard	VSGBX - Vanguard Short-Term Fed	**	289
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral	**	3,513,759
	Vanguard	VSISX - Vanguard Small Cap Index Signal	**	345,259
	Vanguard	VTHRX - Vanguard Target 2030	**	626,943
	Vanguard	VTINX - Vanguard Retirement Income	**	429,917
	Vanguard	VTIVX - Vanguard Target Retirement 2045	**	350,507
	Vanguard	VTSGX - Vanguard Total Int'l Stock Index Signal	**	230,826
	Vanguard	VTSSX - Vanguard Total Stock Market Index Signal	**	4,880,980
	Vanguard	VTTHX - Vanguard Target Retirement 2035	**	964,884
	Vanguard	VTTSX - Vanguard Target Retirement 2060	**	13,956
	Vanguard	VTTVX - Vanguard Target Retirement 2025	**	690,814
	Vanguard	VTWNX - Vanguard Target 2020	**	1,455,510
	Wells Fargo	EKWAX - Wells Fargo Precious Metals	**	29,016
SELF-DIRECTED ACCOUNTS - COMMON STOCK				
	COMMON STOCK	ABBOTT LABORATORIES	**	4,210
	COMMON STOCK	ABBVIE INC	**	5,856
	COMMON STOCK	AFLAC INC	**	8,650
	COMMON STOCK	ALCOA INC	**	6,378
	COMMON STOCK	AMAZON.COM INC	**	9,571
	COMMON STOCK	AMERICAN INTERNATIONAL GROUP INC	**	308
	COMMON STOCK	AMERICAN INTERNATIONAL GROUP INC WT EXP	**	61
	COMMON STOCK	AOL INC	**	420
	COMMON STOCK	APPLE INC	**	32,941
	COMMON STOCK	BED BAT & BEYOND INC	**	8,030
	COMMON STOCK	BERKSHIRE HATHAWAY INC	**	5,928

(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
	COMMON STOCK	BLACKBERRY LTD	**	1,488
	COMMON STOCK	CARDINAL HEALTH INC	**	9,194
	COMMON STOCK	CAREFUSION CORP	**	2,628
	COMMON STOCK	CISCO SYS INC	**	18,878
	COMMON STOCK	COLGATE-PALMOLIVE CO	**	21,227
	COMMON STOCK	CYTOKINETICS INC	**	540
	COMMON STOCK	EMERSON ELECTRIC CO	**	10,879
	COMMON STOCK	ENERGY XXI LTD	**	8,154
	COMMON STOCK	EXXON MOBILE CORP	**	16,315
	COMMON STOCK	FIFTH THIRD BANCORP	**	4,772
	COMMON STOCK	GENERAL ELECTRIC COMPANY	**	8,935
	COMMON STOCK	GULF COAST ULTRA	**	718
	COMMON STOCK	HOME DEPOT INC	**	11,536
	COMMON STOCK	INTEL CORP	**	8,628
	COMMON STOCK	INTERACTIVE INTEL GP INC	**	33,680
	COMMON STOCK	JOHNSON & JOHNSON	**	8,179
	COMMON STOCK	MASIMO CORP	**	8,769
	COMMON STOCK	MEDTRONIC INC	**	5,797
	COMMON STOCK	MERCK & CO INC	**	10,804
	COMMON STOCK	MICROSOFT CORP	**	6,832
	COMMON STOCK	NABORS INDUSTRIES LTD	**	2,555
	COMMON STOCK	NOKIA CORP	**	4,055
	COMMON STOCK	PAYCHEX INC	**	8,983
	COMMON STOCK	PFIZER INC	**	12,573
	COMMON STOCK	PROCTER & GAMBLE CO	**	11,317
	COMMON STOCK	SANDRIDGE ENERGY INC	**	8,698
	COMMON STOCK	SYNAPTICS INC	**	12,953
	COMMON STOCK	SYSCO CORP	**	8,146
	COMMON STOCK	TARGET CORP	**	7,888
	COMMON STOCK	TECK RESOURCES LTD	**	7,803
	COMMON STOCK	TIME WARNER CABLE INC	**	3,586
	COMMON STOCK	TIME WARNER INC	**	7,423
	COMMON STOCK	TRANSOCEAN LIMITED	**	4,864
	COMMON STOCK	WALGREEN COMPANY	**	7,207
	COMMON STOCK	WALMART STORES INC	**	6,653
	COMMON STOCK	WELLS FARGO & CO	**	11,187
	COMMON STOCK	WERNER ENTERPRISES INC	**	8,468
	COMMON STOCK	WHOLE FOODS MKT	**	4,870
SELF-DIRECTED ACCOUNTS-MUTUAL FUNDS				
	MUTUAL FUNDS	BLACKROCK BASIC VALUE FD CL A	**	17,621
	MUTUAL FUNDS	BLACKROCK GLOBAL ALLOCATION CL A	**	14,339
	MUTUAL FUNDS	BLACKROCK LONG HORIZ ON EQUITY CL A	**	13,464
	MUTUAL FUNDS	BLACKROCK VALUE OPPORT FD CL A	**	22,229
	MUTUAL FUNDS	INVESCO AMERICAN FRANCHISE FUND CL A	**	15,861
	MUTUAL FUNDS	INVESCO CHARTER CLASS A	**	96,832
	MUTUAL FUNDS	INVESCO DIVERSIFIED DIVIDEND CLASS C	**	39,709
SELF-DIRECTED ACCOUNTS-MONEY MARKET FUNDS				
	MONEY MARKET FUNDS	FIDELITY CASH RESERVES	**	14,935
	MONEY MARKET FUNDS	SCHWAB MONEY MARKET FUND	**	151,277
	MONEY MARKET FUNDS	VANGUARD MONEY MKT PRIME	**	362
*	Participant Loans	4.25% - 9.25%		806,547

* Party-in-interest, but not prohibited transactions

** Participant directed investment