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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div><br><br><div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
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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:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part II                                                                                                                                                                                                                                                                              | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                            |  |
| <b>1a</b> Name of plan<br><u>UBM 401(K) PLAN</u><br><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>UBM, INC.</u><br><br><br><u>600 COMMUNITY DRIVE, 3RD FLOOR</u><br><u>MANHASSET, NY 11030</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><br><b>1c</b> Effective date of plan<br><u>03/01/1999</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>51-0391636</u><br><br><b>2c</b> Sponsor's telephone number<br><u>516-562-7799</u><br><br><b>2d</b> Business code (see instructions)<br><u>551112</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<br>HERE                                                                                               | Filed with authorized/valid electronic signature. | 10/14/2014 | GWEN DEUTSCH                                                 |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                               | Filed with authorized/valid electronic signature. | 10/15/2014 | PATRICK NOHILLY                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4275 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1826 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 641  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1466 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3933 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3944 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3818 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 288  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3H                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                             |     |
| <b>A</b> Name of plan<br>UBM 401(K) PLAN                                                   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UBM, INC.                 | <b>D</b> Employer Identification Number (EIN)<br>51-0391636 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| JPMORGAN RETIREMENT PLAN SERVICES                                                                                 |

71-0930784

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

JPMORGAN RETIREMENT PLAN SERVICES

71-0930784

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 50 59 64         | NONE                                                                                              | 13700                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                         | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALLIANZGI NFJ SMALL CAP VALUE-INST P.O. BOX 8050<br>BOSTON, MA 02266-8050   | JANUARY 2013 TO DECEMBER 2013 10 BASIS POINTS |                                                                                                                                                                    |
|                                                                             |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                     |                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                         | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN FUNDS EUROPACIFIC GROWTH-R P.O. BOX 6040<br>INDIANAPOLIS, IN 46206 | JANUARY 2013 TO DECEMBER 2013 35 BASIS POINTS |                                                                                                                                                                    |
|                                                                             |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                     |                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                         | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMCB STABLE ASSET INCOME FUND-F-15 P.O. BOX 8528<br>BOSTON, MA 02266-8528  | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS |                                                                                                                                                                    |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                             | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN 100% US TREASURY MONEY MAR<br>P.O. BOX 8528<br>BOSTON, MA 02266-8528   | JANUARY 2013 TO DECEMBER 2013 8 BASIS POINTS  |                                                                                                                                                                    |
| <hr/>                                                                           |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                             | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN MID CAP GROWTH-SELECT<br>P.O. BOX 8528<br>BOSTON, MA 02266-8528        | JANUARY 2013 TO DECEMBER 2013 35 BASIS POINTS |                                                                                                                                                                    |
| <hr/>                                                                           |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                             | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2015 PORTFOLIO-AMERICAN<br>4500 MAIN STREET<br>KANSAS CITY, MO 64112 | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS |                                                                                                                                                                    |

**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.

|                                                                              |                                                                                                                                                                           |                                                  |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>(a)</b> Enter service provider name as it appears on line 2               | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation   | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| LIVESTRONG 2020 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                             |                                                  |

|                                                                              |                                                                                                                                                                           |                                                  |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>(a)</b> Enter service provider name as it appears on line 2               | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation   | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| LIVESTRONG 2025 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                             |                                                  |

|                                                                              |                                                                                                                                                                           |                                                  |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>(a)</b> Enter service provider name as it appears on line 2               | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation   | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| LIVESTRONG 2030 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                             |                                                  |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2035 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2040 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                          | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2045 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112 |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                           | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2050 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112  |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |
|                                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                           | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG 2055 PORTFOLIO-AMERICAN 4500 MAIN STREET<br>KANSAS CITY, MO 64112  |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |
|                                                                               |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                           | 59                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation           |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LIVESTRONG INCOME PORTFOLIO-AMERICA 4500 MAIN STREET<br>KANSAS CITY, MO 64112 |                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS                                                                                                                      |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                          | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LOOMIS SAYLES SMALL CAP GROWTH-RETA<br>399 BOYLSTON STREET<br>12TH FLOOR<br>BOSTON, MA 02116 | JANUARY 2013 TO DECEMBER 2013 40 BASIS POINTS |                                                                                                                                                                    |
|                                                                                              |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      |                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                          | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MFS VALUE-R4<br>500 BOYLSTON ST<br>15 TH FL<br>BOSTON, MA 02116                              | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS |                                                                                                                                                                    |
|                                                                                              |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      |                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                          | 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OPPENHEIMER DEVELOPING MARKETS-Y<br>P.O. BOX 5270<br>DENVER, CO 80217-5270                   | JANUARY 2013 TO DECEMBER 2013 25 BASIS POINTS |                                                                                                                                                                    |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                                                                                                                                                                                                | 59                                            | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                               |                                           |
| PIMCO HIGH YIELD-ADMIN<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105-4800                                                                                                                                                                                   | JANUARY 2013 TO DECEMBER 2013 25 BASIS POINTS |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p><b>(c)</b> Enter amount of indirect compensation</p>                                                                               |                                               |                                           |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                                                                                                                                                                                                | 59                                            | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                               |                                           |
| PIMCO TOTAL RETURN - ADMIN<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105-4800                                                                                                                                                                               | JANUARY 2013 TO DECEMBER 2013 25 BASIS POINTS |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p><b>(c)</b> Enter amount of indirect compensation</p>                                                                               |                                               |                                           |
| J.P.MORGAN RETIREMENT PLAN SERVICES                                                                                                                                                                                                                                | 59                                            | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> |                                               |                                           |
| T ROWE PRICE MID CAP VALUE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202                                                                                                                                                                                         | JANUARY 2013 TO DECEMBER 2013 15 BASIS POINTS |                                           |

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-size: small;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2013</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning <span style="color: blue;">01/01/2013</span> and ending <span style="color: blue;">12/31/2013</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">UBM 401(K) PLAN</span>                                                                                     | <b>B</b> Three-digit plan number (PN) ▶                                                       | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">UBM, INC.</span>                                            | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">51-0391636</span> |                                       |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                    |                                                          |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JPMORGAN EQUITY INDEX FUND</span>        |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK, N.A.</span>      |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN <span style="color: blue;">20-2266703-001</span>                                                   | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">37623598</span> |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JPMORGAN STABLE ASSET INCOME FUND</span> |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JPMORGAN CHASE BANK, N.A.</span>      |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN <span style="color: blue;">20-1978950-001</span>                                                   | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">27990790</span> |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>UBM 401(K) PLAN</u>                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UBM, INC.</u>                        | <b>D</b> Employer Identification Number (EIN)<br><br><u>51-0391636</u>     |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       | 156564          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 5063924               | 5638089         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 3652421               | 3339093         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 63773731              | 65614388        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 134313377             | 160363543       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 206803453             | 235111677       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 206803453 | 235111677 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4627323    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 11631246   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 7000539    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 23259108  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 154051     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 154051    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 6080927    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 6080927   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 9679983   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 23534855  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 62708924  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 48496879 |          |
| (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) |          | 48496879 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 4408     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 2156     |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |          |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 13700    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 13700    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 48517143 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 14191781 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 14116443 |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: EISNER AMPER LLP

(2) EIN: 13-1639826

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |        |

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

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

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

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UBM 401(K) PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UBM, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0391636</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>43-1796706</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                            |                                                                                                                                |                             |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                                   | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                |                                                                                                                                |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____                                    | <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                              | <b>6a</b>                                                                                                                      |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                  | <b>6b</b>                                                                                                                      |                             |                              |
| <b>c</b> 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) .....                                                                                                                           | <b>6c</b>                                                                                                                      |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                       |                                                                                                                                |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                                   | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                                   | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator and Participants  
of the UBM 401(k) Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of UBM 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 statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

The supplemental schedule of assets (held at end of year) as of December 31, 2013, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

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

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

*EisnerAmper LLP*

New York, New York  
October 1, 2014



## UBM 401(k) PLAN

### FINANCIAL STATEMENTS

DECEMBER 31, 2013 and 2012  
(with supplemental information)

# UBM 401(k) PLAN

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator and Participants  
of the UBM 401(k) Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of UBM 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 statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

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

### ***Other Matter***

The supplemental schedule of assets (held at end of year) as of December 31, 2013, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

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

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

*EisnerAmper LLP*

New York, New York  
October 1, 2014

## UBM 401(k) PLAN

### Statements of Net Assets Available for Benefits

|                                                                                                | December 31,          |                       |
|------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                                                | 2013                  | 2012                  |
| <b>ASSETS</b>                                                                                  |                       |                       |
| Investments at fair value                                                                      | \$ 231,616,020        | \$ 203,151,032        |
| Notes receivable from participants                                                             | <u>3,339,093</u>      | <u>3,652,421</u>      |
|                                                                                                | <u>234,955,113</u>    | <u>206,803,453</u>    |
| <b>Receivables</b>                                                                             |                       |                       |
| Employer contribution                                                                          | <u>156,564</u>        | <u>0</u>              |
| Net assets reflecting investments at fair value                                                | 235,111,677           | 206,803,453           |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | <u>58,675</u>         | <u>(557,490)</u>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                       | <u>\$ 235,170,352</u> | <u>\$ 206,245,963</u> |

## UBM 401(k) PLAN

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

#### Additions:

Additions (deductions) to net assets attributed to:

Investment income:

Net appreciation in fair value of investments

\$ 33,831,003

Interest and dividend income

6,080,927

Interest income on notes receivable from participants

154,051

40,065,981

Contributions:

Participants

11,631,246

Participant rollovers

7,000,539

Employer, net of forfeiture of \$738,268

4,627,323

23,259,108

Total additions

63,325,089

#### Deductions:

Deductions from net assets attributed to:

Benefits paid to participants

(30,618,695)

Administrative expenses

(13,700)

Total deductions

(30,632,395)

**Net increase in net assets available for benefits before transfers**

32,692,694

Transfer-in from Canon Communications LLC 401(k) Plan (see Note A)

14,116,443

Transfer-out for Delta and Channel Group assets (see Note A)

(17,884,748)

**Net increase in net assets available for benefits**

28,924,389

Net assets available for benefits, beginning of year

206,245,963

**Net assets available for benefits, end of year**

\$ 235,170,352

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE A - DESCRIPTION OF THE PLAN

The following description of the UBM 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is an individually designed defined contribution plan and includes the plans of other members of the UBM, Inc. Controlled Group of Companies (the "Company"). The companies included in the Group are as follows:

|                             |                                         |
|-----------------------------|-----------------------------------------|
| PR Newswire Association LLC | formerly PR Newswire, Inc.              |
| UBM, Inc.                   | formerly United Business Media, Inc.    |
| CMPMedica LLC               | formerly Healthcare Holdings, Inc.      |
| CMPMedica Group LLC         | formerly CMP Healthcare Media Group LLC |
| United Business Media LLC   | formerly CMP Media LLC                  |
| UBMi Princeton, Inc.        | formerly CMP Princeton, Inc.            |
| Multivu, Inc.               |                                         |
| Think Service, Inc.         |                                         |
| Informex Holdings LLC       |                                         |

During 2012, the Company acquired Canon Communications LLC ("Canon"). Effective January 2, 2013, the assets of the Canon 401(K) Plan were merged into the Plan. Such assets consisted of \$14,042,862 in cash and \$73,581 of loans. In 2013, the Company spun-off two of their divisions, the Delta and Channel Group from the Plan. Effective April 8, 2013 and September 9, 2013 the assets of the Delta and Channel Group were transferred out of the Plan, respectively. Such assets consisted of \$17,480,121 in cash and \$404,627 of loans.

#### [1] General:

The Plan is a defined contribution plan qualified under Section 401(k) of the Internal Revenue Service covering substantially all full-time and part-time employees of the Company and all temporary employees who have completed twelve consecutive months of service and have worked at least 1,000 hours during a consecutive twelve-month period, excluding, however, an individual who is covered by a collective bargaining agreement unless participation by such employee in the Plan has been agreed to by the parties to such agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustee of the Plan is JPMorgan Chase Bank, N.A. ("JPMorgan").

#### [2] Contributions:

Participants may contribute a percentage, between 1% and 50%, of their pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In no event may participant contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company matches 50% of the participant pre-tax contributions, up to 3% of applicable compensation. A participant of the Plan shall be eligible to receive a matching contribution for each payroll period in which they remain an active employee, except as noted below.

Profit sharing contributions shall be made at such times and in such amounts as determined by each company in the Controlled Group of Companies. PR Newswire Association LLC, formerly PR Newswire, Inc. and Multivu, Inc. shall authorize a profit sharing contribution equal to 2% of a participant's applicable compensation. CMP Tech, CMP Medica and CMPI entities shall authorize profit sharing contributions equal to 3% of eligible compensation.

## UBM 401(k) PLAN

Notes to Financial Statements  
December 31, 2013 and 2012

### NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

#### [2] Contributions: (continued)

A Participant who was an active employee of UBM Aviation Worldwide LLC, formerly OAG Worldwide Limited, on January 1, 2007, is eligible to receive allocations of matching and discretionary profit sharing contributions under the Plan on the first day of the month coincident with or immediately following the day on which he has first completed one year of service and has attained age 21. A participant of UBM Global Trade, Inc. is eligible for matching contributions and profit sharing after one year of service. Participants of other employers under the Company are eligible for matching and profit sharing contributions upon enrollment.

#### [3] Participant accounts:

Each participant's account is credited directly with their elective contributions and discretionary matching employer contributions on a percentage basis. Discretionary profit-sharing contributions are credited based on a percentage of eligible compensation. Participants also receive a pro rata allocation of the Plan's investment earnings and losses which are based on the participants' account balances.

#### [4] Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. The participant's vesting in the Company's profit-sharing contribution account and employer matching contribution account will be determined in accordance with the following schedule (except for employees of PR Newswire Association LLC, formerly PR Newswire, Inc., UBM Aviation Worldwide LLC, formerly OAG Worldwide Limited, and Multivu, Inc.):

| <u>Completed Years<br/>of Service</u> | <u>Vested<br/>Percentage</u> |
|---------------------------------------|------------------------------|
| Less than one                         | 0%                           |
| 1                                     | 20%                          |
| 2                                     | 20%                          |
| 3                                     | 20%                          |
| 4                                     | 20%                          |
| 5                                     | 20%                          |

Employees of PR Newswire Association LLC, formerly PR Newswire, Inc. and Multivu, Inc. are fully vested immediately in the profit-sharing contributions.

For participants employed by UBM Aviation Worldwide LLC, formerly OAG Worldwide Limited, on January 1, 2007, the vesting in employer profit-sharing contribution account and employer matching contribution account will be determined in accordance with the following schedule:

| <u>Completed Years<br/>of Service</u> | <u>Vested<br/>Percentage</u> |
|---------------------------------------|------------------------------|
| Less than three                       | 0%                           |
| 3                                     | 100%                         |

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

##### [5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator, ranging from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

##### [6] Payment of benefits:

A participant who ceases to be an employee for any reason other than death shall be entitled to receive their vested accrued benefit in the form of a lump-sum payment or distributions in the form of an annuity contract or in periodic installments of all benefits commencing at such time as the participant shall elect in accordance with the Plan payable over a fixed period not to exceed the lesser of ten years or the life expectancy of the participant at the time payments commence. If the account balance is paid in installments, it will be segregated and separately invested with one of the investment choices being a non-transferable annuity policy. If the participant's total distribution is \$5,000 or less, payment is made in a lump sum. In the event of a participant's death, the participant's beneficiary shall be entitled to receive the participant's entire accrued benefit in the form of a lump-sum payment.

##### [7] Forfeitures:

Forfeited non-vested accounts are used to reduce future employer contributions. During the year ended December 31, 2013, forfeitures of \$738,268 was used to reduce employer contributions. Forfeited non-vested accounts at December 31, 2013 and 2012 were \$64,126 and 571,648, respectively.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### [1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

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

##### [2] Subsequent events:

The Plan has evaluated subsequent events through October 1, 2014, the date the financial statements were available to be issued.

## UBM 401(k) PLAN

Notes to Financial Statements  
December 31, 2013 and 2012

### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### [3] 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 E for discussion of fair value measurements.

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

#### [4] Payment of benefits:

Benefits are recorded when paid.

#### [5] Plan expenses:

Certain expenses of the Plan are paid by the Company. Fees related to participant loans, expenses for the Stable Asset Income Fund and short term trading fees imposed by certain mutual funds are paid by the individual accounts of the participants utilizing these features.

#### [6] Use of estimates:

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

### NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, JPMorgan, the trustee of the Plan, has certified the completeness and accuracy of all investments and related investment activity and notes receivable from participants in the accompanying statements of net assets available for benefits as of December 31, 2013 and 2012, the statement of changes in net assets available for benefits for the year ended December 31, 2013 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2013.

### NOTE D - INVESTMENTS

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

|                                   | 2013          | 2012          |
|-----------------------------------|---------------|---------------|
| Pimco Total Return                | \$ 19,770,908 | \$ 22,422,056 |
| American Funds EuroPacific Growth | 16,030,700    | 14,430,151    |
| JPMorgan Stable Asset Income Fund | 27,990,790*   | 31,149,587*   |
| JPMorgan Equity Index Fund        | 37,623,598    | 32,624,144    |
| JPMorgan Large Cap Growth         | 19,677,874    | 15,674,277    |
| MFS Value R4                      | 13,553,306    | 10,676,958    |

\*Contract value of \$28,049,465 in 2013 and \$30,592,097 in 2012.

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE D - INVESTMENTS (CONTINUED)

The realized/unrealized appreciation (depreciation) on investments bought and sold as well as held during the year is as follows for the year ended December 31, 2013:

|                          |                      |
|--------------------------|----------------------|
| Common collective trusts | \$ 10,296,148        |
| Mutual funds             | <u>23,534,855</u>    |
|                          | <u>\$ 33,831,003</u> |

#### NOTE E - FAIR VALUE MEASUREMENTS

The FASB's Accounting Standards Codification ("ASC") 820, "Fair Value Measurements and Disclosures", provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). 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 (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability, or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

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

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

*Common collective trusts* - Common trust funds are comprised of shares or units in commingled funds that are not publicly traded. The underlying assets in these funds are primarily publicly traded equity securities, fixed income securities, and commodity-related securities and are valued at their NAV that is calculated by the investment manager of the fund and have varying liquidity, redemption period notices and other restrictions. The NAV, as provided by the investment manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. This delay will not exceed 90 days.

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The preceding methods described 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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

| Assets at Fair Value as of December 31, 2013 |                       |                      |                       |
|----------------------------------------------|-----------------------|----------------------|-----------------------|
|                                              | Level 1               | Level 2              | Level 3               |
|                                              | Total                 |                      |                       |
| Investments:                                 |                       |                      |                       |
| Mutual Funds:                                |                       |                      |                       |
| Bond                                         | \$ 22,083,588         |                      | \$ 22,083,588         |
| International                                | 17,267,782            |                      | 17,267,782            |
| Large Cap Growth                             | 19,677,874            |                      | 19,677,874            |
| Large Cap Value                              | 13,553,306            |                      | 13,553,306            |
| Life Cycle                                   | 49,099,041            |                      | 49,099,041            |
| Mid Cap Growth                               | 11,540,089            |                      | 11,540,089            |
| Mid Cap Value                                | 9,024,299             |                      | 9,024,299             |
| Money Market                                 | 5,638,089             |                      | 5,638,089             |
| Small Cap Growth                             | 6,911,701             |                      | 6,911,701             |
| Small Cap Value                              | <u>11,205,863</u>     |                      | <u>11,205,863</u>     |
| Total Mutual Funds                           | <u>166,001,632</u>    |                      | <u>166,001,632</u>    |
| Common Collective Trusts:                    |                       |                      |                       |
| Equity Index Fund                            |                       | \$ 37,623,598        | 37,623,598            |
| Stable Asset Income Fund                     |                       | <u>27,990,790</u>    | <u>27,990,790</u>     |
| Total Common Collective Trusts               |                       | <u>65,614,388</u>    | <u>65,614,388</u>     |
| Total Investments at Fair Value              | <u>\$ 166,001,632</u> | <u>\$ 65,614,388</u> | <u>\$ 231,616,020</u> |

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

| Assets at Fair Value as of December 31, 2012 |                |               |         |                |
|----------------------------------------------|----------------|---------------|---------|----------------|
|                                              | Level 1        | Level 2       | Level 3 | Total          |
| Investments:                                 |                |               |         |                |
| Mutual Funds:                                |                |               |         |                |
| Bond                                         | \$ 24,027,414  |               |         | \$ 24,027,414  |
| International                                | 15,225,202     |               |         | 15,225,202     |
| Large Cap Growth                             | 15,674,277     |               |         | 15,674,277     |
| Large Cap Value                              | 10,676,958     |               |         | 10,676,958     |
| Life Cycle                                   | 39,218,439     |               |         | 39,218,439     |
| Mid Cap Growth                               | 8,420,478      |               |         | 8,420,478      |
| Mid Cap Value                                | 7,149,645      |               |         | 7,149,645      |
| Money Market                                 | 5,063,924      |               |         | 5,063,924      |
| Small Cap Growth                             | 5,380,276      |               |         | 5,380,276      |
| Small Cap Value                              | 8,540,688      |               |         | 8,540,688      |
| Total Mutual Funds                           | 139,377,301    |               |         | 139,377,301    |
| Assets at Fair Value as of December 31, 2012 |                |               |         |                |
|                                              | Level 1        | Level 2       | Level 3 | Total          |
| Common Collective Trusts:                    |                |               |         |                |
| Equity Index Fund                            | \$ 0           | \$ 32,624,144 | \$ 0    | \$ 32,624,144  |
| Stable Asset Income Fund                     | 0              | 31,149,587    | 0       | 31,149,587     |
| Total Common Collective Trusts               | 0              | 63,773,731    | 0       | 63,773,731     |
| Total Investments at Fair Value              | \$ 139,377,301 | \$ 63,773,731 | \$ 0    | \$ 203,151,032 |

#### Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan administrator evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2013 and 2012 there were no transfers in or out of Levels 1, 2 or 3.

#### NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 20, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the tax determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

## **UBM 401(k) PLAN**

### **Notes to Financial Statements December 31, 2013 and 2012**

#### **NOTE F - TAX STATUS (CONTINUED)**

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

#### **NOTE G - RELATED PARTY TRANSACTIONS**

Certain investments are shares of mutual funds and common collective trusts managed by JPMorgan. JPMorgan is the trustee and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan were \$4,082.

#### **NOTE H - RISKS AND UNCERTAINTIES**

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

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2013 may not necessarily be indicative of amounts that could be realized in a current market exchange.

#### **NOTE I - MUTUAL FUND FEES**

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

#### **NOTE J - PLAN TERMINATION**

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

## UBM 401(k) PLAN

### Notes to Financial Statements December 31, 2013 and 2012

#### NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

|                                                                | <u>2013</u>           | <u>2012</u>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 235,170,352        | \$ 206,245,963        |
| Employer match contribution receivable                         | (156,564)             |                       |
| Adjustment from fair value to contract value                   | <u>(58,675)</u>       | <u>557,490</u>        |
| Net assets available for benefits per Form 5500                | <u>\$ 234,955,113</u> | <u>\$ 206,803,453</u> |

The following is a reconciliation of net increase in net assets available for benefits according to the financial statements to Form 5500 for the year ended December 31, 2013:

|                                                                          |                      |
|--------------------------------------------------------------------------|----------------------|
| Net increase per the financial statements                                | \$ 28,924,389        |
| Less: Employer match contribution receivable                             | (156,564)            |
| Add: Adjustment from fair value to contract value, beginning of the year | (557,490)            |
| Less: Adjustment from fair value to contract value, end of the year      | (58,675)             |
| Transfers of assets                                                      |                      |
| Less: To this plan                                                       | (14,116,443)         |
| Add: From this plan                                                      | <u>17,884,748</u>    |
| Net increase per Form 5500                                               | <u>\$ 31,919,965</u> |

## **SUPPLEMENTAL INFORMATION**

UBM 401(k) PLAN

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

Employer ID. # 51-0391636  
Plan Number 001

| (a) | (b)                                  | (c)                            | (e)                   |
|-----|--------------------------------------|--------------------------------|-----------------------|
|     | Identity of Issue                    | Description<br>of Investment   | Current<br>Value      |
|     | Allianz                              | NFJ Small Cap Value - Admin    | \$ 11,205,863         |
|     | American Century                     | Livestrong Income Portfolio    | 1,804,288             |
|     | American Century                     | Livestrong 2015 Portfolio      | 5,781,969             |
|     | American Century                     | Livestrong 2020 Portfolio      | 2,252,547             |
|     | American Century                     | Livestrong 2025 Portfolio      | 4,774,516             |
|     | American Century                     | Livestrong 2030 Portfolio      | 4,033,088             |
|     | American Century                     | Livestrong 2035 Portfolio      | 9,097,297             |
|     | American Century                     | Livestrong 2040 Portfolio      | 4,163,429             |
|     | American Century                     | Livestrong 2045 Portfolio      | 8,578,997             |
|     | American Century                     | Livestrong 2050 Portfolio      | 8,193,928             |
|     | American Century                     | Livestrong 2055 Portfolio      | 418,982               |
|     | American Funds                       | EuroPacific Growth             | 16,030,700            |
| *   | JP Morgan                            | Equity Index Fund              | 37,623,598            |
| *   | JP Morgan                            | Mid Cap Growth - Select        | 11,540,089            |
| *   | JP Morgan                            | Stable Asset Income Fund       | 27,990,790            |
| *   | JP Morgan                            | Large Cap Growth - Select      | 19,677,874            |
| *   | JP Morgan                            | Treasury Money Market          | 5,638,089             |
|     | Loomis Sayles                        | Small Cap Growth Retail        | 6,911,701             |
|     | MFS                                  | Value R4                       | 13,553,306            |
|     | Pimco                                | Total Return                   | 19,770,908            |
|     | Pimco                                | High Yield Admin               | 824,194               |
|     | T. Rowe Price                        | Mid Cap Value                  | 9,024,299             |
|     | Oppenheimer                          | Developing Markets             | 1,237,082             |
|     | Vanguard                             | Inflation - Protected Secs Inv | 1,488,486             |
| *   | Notes receivable (participant loans) | Interest from 4.25% to 9.50%   | 3,339,093             |
|     |                                      |                                | <u>\$ 234,955,113</u> |

\*Party-in-interest



UBM 401(k) PLAN

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

Employer ID. # 51-0391636  
Plan Number 001

| (a) | (b)                                  | (c)                            | (e)                   |
|-----|--------------------------------------|--------------------------------|-----------------------|
|     | Identity of Issue                    | Description<br>of Investment   | Current<br>Value      |
|     | Allianz                              | NFJ Small Cap Value - Admin    | \$ 11,205,863         |
|     | American Century                     | Livestrong Income Portfolio    | 1,804,288             |
|     | American Century                     | Livestrong 2015 Portfolio      | 5,781,969             |
|     | American Century                     | Livestrong 2020 Portfolio      | 2,252,547             |
|     | American Century                     | Livestrong 2025 Portfolio      | 4,774,516             |
|     | American Century                     | Livestrong 2030 Portfolio      | 4,033,088             |
|     | American Century                     | Livestrong 2035 Portfolio      | 9,097,297             |
|     | American Century                     | Livestrong 2040 Portfolio      | 4,163,429             |
|     | American Century                     | Livestrong 2045 Portfolio      | 8,578,997             |
|     | American Century                     | Livestrong 2050 Portfolio      | 8,193,928             |
|     | American Century                     | Livestrong 2055 Portfolio      | 418,982               |
|     | American Funds                       | EuroPacific Growth             | 16,030,700            |
| *   | JP Morgan                            | Equity Index Fund              | 37,623,598            |
| *   | JP Morgan                            | Mid Cap Growth - Select        | 11,540,089            |
| *   | JP Morgan                            | Stable Asset Income Fund       | 27,990,790            |
| *   | JP Morgan                            | Large Cap Growth - Select      | 19,677,874            |
| *   | JP Morgan                            | Treasury Money Market          | 5,638,089             |
|     | Loomis Sayles                        | Small Cap Growth Retail        | 6,911,701             |
|     | MFS                                  | Value R4                       | 13,553,306            |
|     | Pimco                                | Total Return                   | 19,770,908            |
|     | Pimco                                | High Yield Admin               | 824,194               |
|     | T. Rowe Price                        | Mid Cap Value                  | 9,024,299             |
|     | Oppenheimer                          | Developing Markets             | 1,237,082             |
|     | Vanguard                             | Inflation - Protected Secs Inv | 1,488,486             |
| *   | Notes receivable (participant loans) | Interest from 4.25% to 9.50%   | 3,339,093             |
|     |                                      |                                | <u>\$ 234,955,113</u> |

\*Party-in-interest