

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>10/01/1966</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>I.C. THOMASSON ASSOCIATES, INC.</u>		
		2b Employer Identification Number (EIN)	<u>62-0721262</u>
<u>2950 KRAFT DR STE 500</u> <u>NASHVILLE, TN 37204</u>		2c Plan Sponsor's telephone number	<u>615-346-3400</u>
		2d Business code (see instructions)	<u>541310</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/03/2015	SANDRA HOLLOWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 154
a(2) Total number of active participants at the end of the plan year	6a(2) 156
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 13
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 170
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.C. THOMASSON ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>62-0721262</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	7868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	5357	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ASTON/F MID CAP N - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MID CAP GRTH Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL/ACORN INTL Z - COLUMBIA MGT IN P.O. BOX 8081 BOSTON, MA 02266		0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HEARTLAND VAL PLS IV - ALPS FUND S 20-3247785		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.50%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.35%		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS HIGH YLD R5 - INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
0.35%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CP GRTH R - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS GLOBAL EQUITY R3 - MFS SERVICE 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GROWTH A - OFI GLOBAL TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RTN BD AD - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RDGWITH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R4 - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP DIV GROWTH - T. ROWE PRICE SER 52-2269240	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP EQUITY INC ADV - T. ROWE PRICE</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE BAL ADV - T. ROWE PRICE</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2005 ADV - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2010 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2020 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2025 ADV - T. ROWE PRIC	0.40%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2030 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2035 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2040 ADV - T. ROWE PRIC	0.40%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP RETIRE 2045 ADV - T. ROWE PRIC	0.40%	
52-2269240		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP RETIRE 2050 ADV - T. ROWE PRIC	0.40%	
52-2269240		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
TRP RETIRE 2055 ADV - T. ROWE PRIC	0.40%	
52-2269240		

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN)	►	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
I.C. THOMASSON ASSOCIATES, INC.

D	Employer Identification Number (EIN) 62-0721262
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **WE STABLE VALUE FUND M**

b Name of sponsor of entity listed in (a): **WELLS FARGO BANK, N.A.**

c EIN-PN 94-6751924-001	d Entity code c	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2705003
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>I.C. THOMASSON ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>62-0721262</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	18403	125897
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	99230	109696
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	520572	547057
	(9) Value of interest in common/collective trusts	1c(9)	3005674	2705003
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15280511	16354743
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	18924390	19842396

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	18924390	19842396
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	465020	
(B) Participants	2a(1)(B)	729126	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1194146

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13086	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13089

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1723	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	782776	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		784499

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	309957	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	301968	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7989

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-7739	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-7739

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		29258
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		185811
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2207053

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1275970	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1275970
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	7868	
(4) Other.....	2i(4)	5209	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13077
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1289047

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		918006
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: DGLF CPA'S & BUSINESS ADVISORS

(2) EIN: 62-1397304

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 I.C. THOMASSON ASSOCIATES, INC.				D Employer Identification Number (EIN) 62-0721262	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**I.C. THOMASSON ASSOCIATES, INC.
401(K) RETIREMENT PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014**

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014**

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INDEPENDENT AUDITORS' REPORT

To the Trustees
I.C. Thomasson Associates, Inc. 401(k) Retirement Plan
Nashville, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of I.C. Thomasson Associates, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, 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, 2014 and 2013, and for the year ended December 31, 2014, 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 H, Line 4i – Schedule of Assets (held at end of year) for the year ended December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DGLF CPAs & Business Advisors

Nashville, Tennessee
July 29, 2015

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND DECEMBER 31, 2013**

	December 31, <u>2014</u>	December 31, <u>2013</u>
ASSETS		
Investments - at fair value	\$19,169,442	\$18,385,415
Cash	125,897	18,403
Notes receivable from plan participants	<u>547,057</u>	<u>520,572</u>
Net assets available for benefits at fair value	19,842,396	18,924,390
Adjustment from fair value to contract value for fully benefit responsive investments	(<u>37,347</u>)	(<u>23,854</u>)
Net assets available for benefits	<u>\$19,805,049</u>	<u>\$18,900,536</u>

See notes to financial statements.

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014**

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 201,826	
Dividends	784,503	
Interest	<u>13,086</u>	
		\$ 999,415

Contributions:

Participants	729,126	
Employer	<u>465,020</u>	
		<u>1,194,146</u>

Total additions		2,193,561
-----------------	--	-----------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	(1,275,970)	
Administrative expenses	<u>(13,078)</u>	
Total deductions		<u>(1,289,048)</u>

Net increase		904,513
--------------	--	---------

Net Assets Available For Benefits:

Beginning of year	<u>18,900,536</u>
End of year	<u>\$19,805,049</u>

See notes to financial statements.

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014**

NOTE 1 - Description of Plan

The following description of the I.C. Thomasson Associates, Inc. 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of I.C. Thomasson Associates, Inc. (the Company) who have completed six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of any discretionary Company contributions, Plan earnings, and forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings as defined in the Plan.

Employee Contributions

Participants may contribute up to 75% of their pretax annual compensation, as defined in the Plan. However, they cannot exceed the statutory limit of \$17,500 for the Plan year ended December 31, 2014. Participants who were 50 years of age by the end of the Plan year could make a maximum catch-up contribution of \$5,500. The Company's contributions to the Plan are at the option of the employer's board of directors. Contributions are subject to certain limitations.

Employer Contributions

The Company may make a discretionary matching contribution equal to a percentage of the participant's base salary. The matching contribution is made for all persons who were active participants anytime during the Plan year. During the Plan years ending December 31, 2014 and 2013, the Company contributed up to 3% of participant earnings, not to exceed 100% of the participant's contribution.

At the end of each Plan year, the Company, at the discretion of the Company's Board of Directors, also may make profit-sharing contributions, as defined in the Plan document. Profit-sharing contributions are allocated to eligible participants based upon the percent of the participant's compensation to the total compensation of all eligible participants. Profit-sharing contributions made to the Plan for the years ended December 31, 2014 and December 31, 2013 were \$120,000 and \$0, respectively.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Continued

Vesting

Participants are fully vested in their voluntary contributions plus actual earnings thereon. The Plan provides for discretionary employer contributions to vest using a 6-year graduated scale as allowed under current regulations as follows:

<u>Years of Credited Employment</u>	<u>Vesting Percentages</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Employees become fully vested in their employer account if they die or become disabled.

Forfeited Accounts

For the year ended December 31, 2014, forfeited accounts totaled \$10,954. These forfeitures are allocated to all active participants based upon a pro rata share of compensation for the Plan year.

Investment Options

Participant accounts shall be invested in accordance with investment directions provided to the trustee by each participant among the permissible investments designated in the service agreement for the contributions sources in a participant's account except the non elective employer contributions which shall be invested as directed by the employer.

Notes Receivable - Participants

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 account balance with interest accrued for the duration of the note. Note transactions are treated as a transfer to (from) an investment fund from (to) the participant loan fund. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Due to secured status, no allowance for credit losses has been recorded as of December 31, 2014 or 2013. Note terms may not exceed five years unless it is for the purchase of a principal residence. Notes are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Contributions

Contributions from employees and the Company are recorded in the period in which the Company makes the payroll deductions from participant earnings.

Payment of Benefits

Benefits are recorded when paid.

Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In accordance to the fair value accounting literature, the Plan classifies its investments into Level 1, which refers to securities traded in an active market; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction; and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are available. At December 31, 2014 and 2013, the Plan's portfolio investments were classified based on fair values, as follows:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
December 31, 2014				
Mutual funds (Registered Investment Companies):				
Large Cap	\$ 2,514,942	\$ 2,514,942	\$ -	\$ -
Mid Cap	697,193	697,193	-	-
International	1,995,962	1,995,962	-	-
Growth	3,771,017	3,771,017	-	-
Targeted Fund	4,446,700	4,446,700	-	-
Fixed Income	2,928,929	2,928,929	-	-
Collective Trust Fund	2,705,003	-	2,705,003	-
Common Stock	109,696	109,696	-	-
Total	<u>\$19,169,442</u>	<u>\$16,464,439</u>	<u>\$2,705,003</u>	<u>\$ -</u>
December 31, 2013				
Mutual funds (Registered Investment Companies):				
Large Cap	\$ 2,046,686	\$ 2,046,686	\$ -	\$ -
Mid Cap	472,933	472,933	-	-
International	1,490,651	1,490,651	-	-
Growth	3,942,831	3,942,831	-	-
Targeted Fund	4,016,317	4,016,317	-	-
Fixed Income	3,311,093	3,311,093	-	-
Collective Trust Fund	3,005,674	-	3,005,674	-
Common Stock	99,230	99,230	-	-
Total	<u>\$18,385,415</u>	<u>\$15,379,741</u>	<u>\$3,005,674</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of the collective investment trust is based on quoted net asset values of shares similar to those held by the Plan at year-end.

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency (if currently Eligible)	Redemption Notice Period
Collective Trust Fund Wells Fargo Stable Value Fund M	\$2,705,003	n/a	Daily	n/a

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (if currently Eligible)	Redemption Notice Period
Collective Trust Fund Wells Fargo Stable Value Fund M	\$3,005,674	n/a	Daily	n/a

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts to disclosures. Actual results may differ from these estimates.

Subsequent Events

Subsequent events have been evaluated through July 29, 2015, the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The investments in all of the funds, except the Wells Fargo Stable Value Fund M at December 31, 2014, are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2014 and 2013. The Wells Fargo Stable Value Fund M is fully-benefit responsive, reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions. Fair value of the investments in the Wells Fargo Stable Value Fund M is estimated using discounted cash flows.

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.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

Risk and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 3 - Investments

Investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets are as follows:

<u>Investment</u>	<u>Type of Investment</u>	<u>December 31,</u>	
		<u>2014</u>	<u>2013</u>
Wells Fargo Stable Value Fund M	Mutual Fund	\$2,705,003	\$3,005,674
Invesco Diversified Dividend Fund	Mutual Fund	- *	1,013,808
Fidelity Contrafund	Mutual Fund	1,193,647	1,191,204
Fidelity Spartan 500 Index Fund	Mutual Fund	1,011,376	- **
Pimco Total Return Fund	Mutual Fund	1,085,708	1,266,252
Vanguard Small Cap Index Fund Signal Shares	Mutual Fund	-	1,151,537
Vanguard Small Cap Index Fund	Mutual Fund	1,293,063	-
TRP Retirement 2020 Fund	Mutual Fund	1,518,248	1,322,504
TRP Retirement 2030 Fund	Mutual Fund	1,170,498	1,102,990

* - not greater than 5% at December 31, 2014

** - not greater than 5% at December 31, 2013

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$201,826.

NOTE 4 - Information Certified by the Custodians (Unaudited)

At December 31, 2014 and 2013, the Plan's investments were held by the custodians. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in the accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Continued

The fair values of investments at December 31, 2014 and 2013, as reported by the custodians, are summarized as follows:

	<u>December 31,</u>	
	<u>2014</u>	<u>2013</u>
Wells Fargo Stable Value Fund M	\$ 2,705,003	\$ 3,005,674
Invesco Diversified Dividend Fund	855,855	1,013,808
TRP Equity Income Fund	6,737	11,230
Fidelity Contrafund	1,193,647	1,191,204
Columbia Mid Cap Growth Fund Class Z	309,698	337,185
Thornburg International Value Fund Class R4	-	434,522
MFS Global Equity Fund Class R3	709,137	587,672
Invesco High Yield Fund	247,048	255,702
Fidelity OTC Portfolio	559,334	241,249
Fidelity Spartan Extended Market Index Fund	579,647	622,268
Fidelity Spartan International Index Fund	190,524	230,947
Fidelity Spartan 500 Index Fund	1,011,376	505,608
Fidelity Spartan US Bond Index Fund	245,026	280,090
Loomis Small Cap Growth Fund	422,721	567,424
Pimco Total Return Fund	1,085,708	1,266,252
Columbia / Acorn International Fund	86,270	98,505
TRP Dividend Growth Fund	916,252	925,832
Vanguard Small Cap Index Fund Signal Shares	-	1,151,537
Vanguard Small Cap Index Fund	1,293,063	-
RidgeWorth Mid Cap Value Equity Fund Class 1	330,354	129,364
TRP Retirement 2005 Fund	648	326
TRP Retirement 2010 Fund	135,091	130,794
TRP Retirement 2020 Fund	1,518,248	1,322,504
TRP Retirement 2025 Fund	31,495	20,634
TRP Retirement 2030 Fund	1,170,498	1,102,990
TRP Retirement 2035 Fund	336,895	342,880
TRP Retirement 2040 Fund	794,428	746,324
TRP Retirement 2045 Fund	128,279	110,463
TRP Retirement 2050 Fund	311,936	226,242
TRP Retirement 2055 Fund	19,179	13,160
Oppenheimer Developing Markets Fund	267,094	236,342
Oppenheimer International Growth Fund	433,239	-
Aston / Fairpointe Mid Cap Fund	366,839	343,569
Pimco Real Return Bond Fund	144,095	130,732
Heartland Value Plus Fund	309,919	349,872
TRP Retirement Income Fund	344,463	353,280
BrokerageLink Common Stock	109,696	99,230
Cash	125,897	18,403
Notes Receivable from Plan Participants	547,057	520,572
	<u>\$19,842,396</u>	<u>\$18,924,390</u>

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Continued

Investment activity as certified by the custodian for the year ended December 31, 2014, is summarized, as follows:

Net appreciation in fair value of investments	<u>\$201,826</u>
Dividends	<u>\$784,503</u>
Interest on participant loans	<u>\$ 13,086</u>
Administrative expenses	<u>\$ 13,078</u>

NOTE 5 - Investment in Collective Investment Trust

At December 31, 2014 and 2013, the Plan had investment assets in the Wells Fargo Stable Value Fund M (the Fund). The Fund is a collective investment trust fund operated in accordance with Regulation 9.18 of the Comptroller of the Currency. Wells Fargo Bank, N.A. (the Bank), a subsidiary of Wells Fargo & Company, serves as trustee, custodian and administrator of the Fund. Galliard Capital Management, Inc. (Galliard), a subsidiary of the Bank, serves as investment advisor. At December 31, 2014 and 2013, the Fund had invested all of its assets in the Wells Fargo Stable Return Fund G, a collective investment trust sponsored by the Bank.

	<u>2014</u>	<u>2013</u>
Average Yields:		
Based on actual earnings	1.40%	1.36%
Based on interest rates credited to participants	1.64%	1.52%

NOTE 6 - Transactions With Parties-in-Interest

Certain Plan investments are shares of mutual funds managed by the Trustee and the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest transactions.

NOTE 7 - Plan Termination

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

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets for benefits per the financial statements to Schedule H of the Form 5500:

	<u>December 31,</u>	
	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$19,805,049	\$18,900,536
Adjustment to fair value from contract value for fully benefit responsive investments	<u>37,347</u>	<u>23,854</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$19,842,396</u>	<u>\$18,924,390</u>

The following is a reconciliation of total additions per the financial statements for the year ended December 31, 2014 of total income per Schedule H of the Form 5500:

Total additions per the financial statements	\$ 904,513
Add: Adjustment to fair value from contract value for fully benefit responsive investments at December 31, 2014	37,347
Less: Adjustment to fair value from contract value for fully benefit responsive investments at December 31, 2013	(<u>23,854</u>)
Total income per Schedule H of Form 5500	<u>\$ 918,006</u>

Investments are recorded at fair value on the Schedule H of Form 5500. Fully benefit responsive investments are adjusted to contract value in the financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - Tax Status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Distributions are taxable to the participant when withdrawn.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income examination for years prior to 2011.

NOTE 10 - PLAN AMENDMENT TO CHANGE INVESTMENT OPTIONS

Effective October 1, 2014, the plan was amended to incorporate direction to change Investment Options.

The following investment option will be added to the investment lineup:

Fund Name	Fund Code	Ticker Symbol
Oppenheimer International Growth Fund Class A	OKCQ	OIGAX

The following investment option will no longer be available under the Plan:

Fund Name	Fund Code	Ticker Symbol
Thornburg International Value Fund Class R4	OLCD	THVRX

All balances and contributions in the discontinued investment option shown below under Old Investment Option was transferred to the investment option shown below under New and/or Existing Investment Option.

Old Investment Option			New and/or Existing Investment Option		
<u>Fund Name</u>	<u>Code</u>	<u>Ticker</u>	<u>Fund Name</u>	<u>Code</u>	<u>Ticker</u>
Thornburg International Value Fund Class R4	OLCD	THVRX	Oppenheimer International Growth Fund Class A	OKCQ	OIGAX

NOTES TO FINANCIAL STATEMENTS

NOTE 11 - PLAN AMENDMENT TO UPDATE ELIGIBILITY FOR NON-ELECTIVE EMPLOYER CONTRIBUTIONS

During the 2014 plan year, the plan was amended to update eligibility for Non-Elective Employer Contributions.

The following sections of the Plan were amended effective as of the date set forth below:

Section Amended	Effective Date
1.12	12/31/2014
Additional Provisions Addendum	12/31/2014

In order to be eligible for the Non-Elective Employer Contribution option, a participant must be employed at the end of the plan year. Terminated participants at the end of the plan year will not be eligible to receive any Non-Elective Employer Contributions.

I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
EIN: 62-0721262 PN: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost ¹	(e) Current Value
	Wells Fargo Stable Value Fund M	Common Collective Trust		\$ 2,705,003
	Invesco Diversified Dividend Fund	Registered Investment Company		855,855
	TRP Equity Income Fund	Registered Investment Company		6,737
*	Fidelity Contrafund	Registered Investment Company		1,193,647
	Columbia Mid Cap Growth Fund Glass Z	Registered Investment Company		309,698
	MFS Global Equity Fund Class R3	Registered Investment Company		709,137
	Invesco High Yield Fund	Registered Investment Company		247,048
*	Fidelity OTC Portfolio	Registered Investment Company		559,334
*	Fidelity Spartan Extended Market Index Fund	Registered Investment Company		579,647
*	Fidelity Spartan International Index Fund	Registered Investment Company		190,524
*	Fidelity Spartan 500 Index Fund	Registered Investment Company		1,011,376
*	Fidelity Spartan US Bond Index Fund	Registered Investment Company		245,026
	Loomis Small Cap Growth Fund	Registered Investment Company		422,721
	Pimco Total Return Fund	Registered Investment Company		1,085,708
	Columbia / Acorn International Fund	Registered Investment Company		86,270
	TRP Dividend Growth Fund	Registered Investment Company		916,252
	Vanguard Small Cap Index Fund	Registered Investment Company		1,293,063
	RidgeWorth Mid Cap Value Equity Fund Class I	Registered Investment Company		330,354
	TRP Retirement 2005 Fund	Registered Investment Company		648
	TRP Retirement 2010 Fund	Registered Investment Company		135,091
	TRP Retirement 2020 Fund	Registered Investment Company		1,518,248
	TRP Retirement 2025 Fund	Registered Investment Company		31,495
	TRP Retirement 2030 Fund	Registered Investment Company		1,170,498
	TRP Retirement 2035 Fund	Registered Investment Company		336,895
	TRP Retirement 2040 Fund	Registered Investment Company		794,428
	TRP Retirement 2045 Fund	Registered Investment Company		128,279
	TRP Retirement 2050 Fund	Registered Investment Company		311,936
	TRP Retirement 2055 Fund	Registered Investment Company		19,179
	Oppenheimer Developing Markets Fund	Registered Investment Company		267,094
	Oppenheimer International Growth Fund	Registered Investment Company		433,239
	Aston / Fairpointe Mid Cap Fund	Registered Investment Company		366,839
	Pimco Real Return Bond Fund	Registered Investment Company		144,095
	Heartland Value Plus Fund	Registered Investment Company		309,919
	TRP Retirement Income Fund	Registered Investment Company		344,463
	BrokerageLink Common Stock	Common Stock		109,696
	Cash	Money Market Account		125,897
	Participant loans	Participant loans, interest rate of 1.00% to 4.25%, due in semi-monthly installments through 2019		<u>547,057</u>
				<u>\$19,842,396</u>

* Denotes party-in-interest

¹ Investment cost information has been omitted since investments are 100% participant directed.



**I.C. THOMASSON ASSOCIATES, INC.
401(K) RETIREMENT PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014**

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014**

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INDEPENDENT AUDITORS' REPORT

To the Trustees
I.C. Thomasson Associates, Inc. 401(k) Retirement Plan
Nashville, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of I.C. Thomasson Associates, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, 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, 2014 and 2013, and for the year ended December 31, 2014, 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 H, Line 4i – Schedule of Assets (held at end of year) for the year ended December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DGLF CPAs & Business Advisors

Nashville, Tennessee
July 29, 2015

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND DECEMBER 31, 2013**

	December 31, <u>2014</u>	December 31, <u>2013</u>
ASSETS		
Investments - at fair value	\$19,169,442	\$18,385,415
Cash	125,897	18,403
Notes receivable from plan participants	<u>547,057</u>	<u>520,572</u>
Net assets available for benefits at fair value	19,842,396	18,924,390
Adjustment from fair value to contract value for fully benefit responsive investments	(<u>37,347</u>)	(<u>23,854</u>)
Net assets available for benefits	<u>\$19,805,049</u>	<u>\$18,900,536</u>

See notes to financial statements.

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014**

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 201,826	
Dividends	784,503	
Interest	<u>13,086</u>	
		\$ 999,415

Contributions:

Participants	729,126	
Employer	<u>465,020</u>	
		<u>1,194,146</u>

Total additions		2,193,561
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Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	(1,275,970)	
Administrative expenses	<u>(13,078)</u>	
Total deductions		<u>(1,289,048)</u>

Net increase		904,513
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Net Assets Available For Benefits:

Beginning of year	<u>18,900,536</u>
End of year	<u>\$19,805,049</u>

See notes to financial statements.

**I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014**

NOTE 1 - Description of Plan

The following description of the I.C. Thomasson Associates, Inc. 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of I.C. Thomasson Associates, Inc. (the Company) who have completed six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of any discretionary Company contributions, Plan earnings, and forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings as defined in the Plan.

Employee Contributions

Participants may contribute up to 75% of their pretax annual compensation, as defined in the Plan. However, they cannot exceed the statutory limit of \$17,500 for the Plan year ended December 31, 2014. Participants who were 50 years of age by the end of the Plan year could make a maximum catch-up contribution of \$5,500. The Company's contributions to the Plan are at the option of the employer's board of directors. Contributions are subject to certain limitations.

Employer Contributions

The Company may make a discretionary matching contribution equal to a percentage of the participant's base salary. The matching contribution is made for all persons who were active participants anytime during the Plan year. During the Plan years ending December 31, 2014 and 2013, the Company contributed up to 3% of participant earnings, not to exceed 100% of the participant's contribution.

At the end of each Plan year, the Company, at the discretion of the Company's Board of Directors, also may make profit-sharing contributions, as defined in the Plan document. Profit-sharing contributions are allocated to eligible participants based upon the percent of the participant's compensation to the total compensation of all eligible participants. Profit-sharing contributions made to the Plan for the years ended December 31, 2014 and December 31, 2013 were \$120,000 and \$0, respectively.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Continued

Vesting

Participants are fully vested in their voluntary contributions plus actual earnings thereon. The Plan provides for discretionary employer contributions to vest using a 6-year graduated scale as allowed under current regulations as follows:

<u>Years of Credited Employment</u>	<u>Vesting Percentages</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Employees become fully vested in their employer account if they die or become disabled.

Forfeited Accounts

For the year ended December 31, 2014, forfeited accounts totaled \$10,954. These forfeitures are allocated to all active participants based upon a pro rata share of compensation for the Plan year.

Investment Options

Participant accounts shall be invested in accordance with investment directions provided to the trustee by each participant among the permissible investments designated in the service agreement for the contributions sources in a participant's account except the non elective employer contributions which shall be invested as directed by the employer.

Notes Receivable - Participants

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 account balance with interest accrued for the duration of the note. Note transactions are treated as a transfer to (from) an investment fund from (to) the participant loan fund. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Due to secured status, no allowance for credit losses has been recorded as of December 31, 2014 or 2013. Note terms may not exceed five years unless it is for the purchase of a principal residence. Notes are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Contributions

Contributions from employees and the Company are recorded in the period in which the Company makes the payroll deductions from participant earnings.

Payment of Benefits

Benefits are recorded when paid.

Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In accordance to the fair value accounting literature, the Plan classifies its investments into Level 1, which refers to securities traded in an active market; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction; and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are available. At December 31, 2014 and 2013, the Plan's portfolio investments were classified based on fair values, as follows:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		<u>Fair Value</u>		
December 31, 2014				
Mutual funds (Registered Investment Companies):				
Large Cap	\$ 2,514,942	\$ 2,514,942	\$ -	\$ -
Mid Cap	697,193	697,193	-	-
International	1,995,962	1,995,962	-	-
Growth	3,771,017	3,771,017	-	-
Targeted Fund	4,446,700	4,446,700	-	-
Fixed Income	2,928,929	2,928,929	-	-
Collective Trust Fund	2,705,003	-	2,705,003	-
Common Stock	109,696	109,696	-	-
Total	<u>\$19,169,442</u>	<u>\$16,464,439</u>	<u>\$2,705,003</u>	<u>\$ -</u>
December 31, 2013				
Mutual funds (Registered Investment Companies):				
Large Cap	\$ 2,046,686	\$ 2,046,686	\$ -	\$ -
Mid Cap	472,933	472,933	-	-
International	1,490,651	1,490,651	-	-
Growth	3,942,831	3,942,831	-	-
Targeted Fund	4,016,317	4,016,317	-	-
Fixed Income	3,311,093	3,311,093	-	-
Collective Trust Fund	3,005,674	-	3,005,674	-
Common Stock	99,230	99,230	-	-
Total	<u>\$18,385,415</u>	<u>\$15,379,741</u>	<u>\$3,005,674</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of the collective investment trust is based on quoted net asset values of shares similar to those held by the Plan at year-end.

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency (if currently Eligible)	Redemption Notice Period
Collective Trust Fund Wells Fargo Stable Value Fund M	\$2,705,003	n/a	Daily	n/a

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (if currently Eligible)	Redemption Notice Period
Collective Trust Fund Wells Fargo Stable Value Fund M	\$3,005,674	n/a	Daily	n/a

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts to disclosures. Actual results may differ from these estimates.

Subsequent Events

Subsequent events have been evaluated through July 29, 2015, the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The investments in all of the funds, except the Wells Fargo Stable Value Fund M at December 31, 2014, are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2014 and 2013. The Wells Fargo Stable Value Fund M is fully-benefit responsive, reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions. Fair value of the investments in the Wells Fargo Stable Value Fund M is estimated using discounted cash flows.

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.

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Continued

Risk and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 3 - Investments

Investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets are as follows:

<u>Investment</u>	<u>Type of Investment</u>	<u>December 31,</u>	
		<u>2014</u>	<u>2013</u>
Wells Fargo Stable Value Fund M	Mutual Fund	\$2,705,003	\$3,005,674
Invesco Diversified Dividend Fund	Mutual Fund	- *	1,013,808
Fidelity Contrafund	Mutual Fund	1,193,647	1,191,204
Fidelity Spartan 500 Index Fund	Mutual Fund	1,011,376	- **
Pimco Total Return Fund	Mutual Fund	1,085,708	1,266,252
Vanguard Small Cap Index Fund Signal Shares	Mutual Fund	-	1,151,537
Vanguard Small Cap Index Fund	Mutual Fund	1,293,063	-
TRP Retirement 2020 Fund	Mutual Fund	1,518,248	1,322,504
TRP Retirement 2030 Fund	Mutual Fund	1,170,498	1,102,990

* - not greater than 5% at December 31, 2014

** - not greater than 5% at December 31, 2013

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$201,826.

NOTE 4 - Information Certified by the Custodians (Unaudited)

At December 31, 2014 and 2013, the Plan's investments were held by the custodians. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in the accordance with section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Continued

The fair values of investments at December 31, 2014 and 2013, as reported by the custodians, are summarized as follows:

	<u>December 31,</u>	
	<u>2014</u>	<u>2013</u>
Wells Fargo Stable Value Fund M	\$ 2,705,003	\$ 3,005,674
Invesco Diversified Dividend Fund	855,855	1,013,808
TRP Equity Income Fund	6,737	11,230
Fidelity Contrafund	1,193,647	1,191,204
Columbia Mid Cap Growth Fund Class Z	309,698	337,185
Thornburg International Value Fund Class R4	-	434,522
MFS Global Equity Fund Class R3	709,137	587,672
Invesco High Yield Fund	247,048	255,702
Fidelity OTC Portfolio	559,334	241,249
Fidelity Spartan Extended Market Index Fund	579,647	622,268
Fidelity Spartan International Index Fund	190,524	230,947
Fidelity Spartan 500 Index Fund	1,011,376	505,608
Fidelity Spartan US Bond Index Fund	245,026	280,090
Loomis Small Cap Growth Fund	422,721	567,424
Pimco Total Return Fund	1,085,708	1,266,252
Columbia / Acorn International Fund	86,270	98,505
TRP Dividend Growth Fund	916,252	925,832
Vanguard Small Cap Index Fund Signal Shares	-	1,151,537
Vanguard Small Cap Index Fund	1,293,063	-
RidgeWorth Mid Cap Value Equity Fund Class 1	330,354	129,364
TRP Retirement 2005 Fund	648	326
TRP Retirement 2010 Fund	135,091	130,794
TRP Retirement 2020 Fund	1,518,248	1,322,504
TRP Retirement 2025 Fund	31,495	20,634
TRP Retirement 2030 Fund	1,170,498	1,102,990
TRP Retirement 2035 Fund	336,895	342,880
TRP Retirement 2040 Fund	794,428	746,324
TRP Retirement 2045 Fund	128,279	110,463
TRP Retirement 2050 Fund	311,936	226,242
TRP Retirement 2055 Fund	19,179	13,160
Oppenheimer Developing Markets Fund	267,094	236,342
Oppenheimer International Growth Fund	433,239	-
Aston / Fairpointe Mid Cap Fund	366,839	343,569
Pimco Real Return Bond Fund	144,095	130,732
Heartland Value Plus Fund	309,919	349,872
TRP Retirement Income Fund	344,463	353,280
BrokerageLink Common Stock	109,696	99,230
Cash	125,897	18,403
Notes Receivable from Plan Participants	547,057	520,572
	<u>\$19,842,396</u>	<u>\$18,924,390</u>

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Continued

Investment activity as certified by the custodian for the year ended December 31, 2014, is summarized, as follows:

Net appreciation in fair value of investments	<u>\$201,826</u>
Dividends	<u>\$784,503</u>
Interest on participant loans	<u>\$ 13,086</u>
Administrative expenses	<u>\$ 13,078</u>

NOTE 5 - Investment in Collective Investment Trust

At December 31, 2014 and 2013, the Plan had investment assets in the Wells Fargo Stable Value Fund M (the Fund). The Fund is a collective investment trust fund operated in accordance with Regulation 9.18 of the Comptroller of the Currency. Wells Fargo Bank, N.A. (the Bank), a subsidiary of Wells Fargo & Company, serves as trustee, custodian and administrator of the Fund. Galliard Capital Management, Inc. (Galliard), a subsidiary of the Bank, serves as investment advisor. At December 31, 2014 and 2013, the Fund had invested all of its assets in the Wells Fargo Stable Return Fund G, a collective investment trust sponsored by the Bank.

	<u>2014</u>	<u>2013</u>
Average Yields:		
Based on actual earnings	1.40%	1.36%
Based on interest rates credited to participants	1.64%	1.52%

NOTE 6 - Transactions With Parties-in-Interest

Certain Plan investments are shares of mutual funds managed by the Trustee and the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest transactions.

NOTE 7 - Plan Termination

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

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets for benefits per the financial statements to Schedule H of the Form 5500:

	<u>December 31,</u> <u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$19,805,049	\$18,900,536
Adjustment to fair value from contract value for fully benefit responsive investments	<u>37,347</u>	<u>23,854</u>
Net assets available for benefits per Schedule H to the Form 5500	<u><u>\$19,842,396</u></u>	<u><u>\$18,924,390</u></u>

The following is a reconciliation of total additions per the financial statements for the year ended December 31, 2014 of total income per Schedule H of the Form 5500:

Total additions per the financial statements	\$ 904,513
Add: Adjustment to fair value from contract value for fully benefit responsive investments at December 31, 2014	37,347
Less: Adjustment to fair value from contract value for fully benefit responsive investments at December 31, 2013	(<u>23,854</u>)
Total income per Schedule H of Form 5500	<u><u>\$ 918,006</u></u>

Investments are recorded at fair value on the Schedule H of Form 5500. Fully benefit responsive investments are adjusted to contract value in the financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 - Tax Status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Distributions are taxable to the participant when withdrawn.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income examination for years prior to 2011.

NOTE 10 - PLAN AMENDMENT TO CHANGE INVESTMENT OPTIONS

Effective October 1, 2014, the plan was amended to incorporate direction to change Investment Options.

The following investment option will be added to the investment lineup:

Fund Name	Fund Code	Ticker Symbol
Oppenheimer International Growth Fund Class A	OKCQ	OIGAX

The following investment option will no longer be available under the Plan:

Fund Name	Fund Code	Ticker Symbol
Thornburg International Value Fund Class R4	OLCD	THVRX

All balances and contributions in the discontinued investment option shown below under Old Investment Option was transferred to the investment option shown below under New and/or Existing Investment Option.

Old Investment Option			New and/or Existing Investment Option		
<u>Fund Name</u>	<u>Code</u>	<u>Ticker</u>	<u>Fund Name</u>	<u>Code</u>	<u>Ticker</u>
Thornburg International Value Fund Class R4	OLCD	THVRX	Oppenheimer International Growth Fund Class A	OKCQ	OIGAX

NOTES TO FINANCIAL STATEMENTS

NOTE 11 - PLAN AMENDMENT TO UPDATE ELIGIBILITY FOR NON-ELECTIVE EMPLOYER CONTRIBUTIONS

During the 2014 plan year, the plan was amended to update eligibility for Non-Elective Employer Contributions.

The following sections of the Plan were amended effective as of the date set forth below:

Section Amended	Effective Date
1.12	12/31/2014
Additional Provisions Addendum	12/31/2014

In order to be eligible for the Non-Elective Employer Contribution option, a participant must be employed at the end of the plan year. Terminated participants at the end of the plan year will not be eligible to receive any Non-Elective Employer Contributions.

I.C. THOMASSON ASSOCIATES, INC. 401(K) RETIREMENT PLAN
EIN: 62-0721262 PN: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

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	TRP Retirement 2005 Fund	Registered Investment Company		648
	TRP Retirement 2010 Fund	Registered Investment Company		135,091
	TRP Retirement 2020 Fund	Registered Investment Company		1,518,248
	TRP Retirement 2025 Fund	Registered Investment Company		31,495
	TRP Retirement 2030 Fund	Registered Investment Company		1,170,498
	TRP Retirement 2035 Fund	Registered Investment Company		336,895
	TRP Retirement 2040 Fund	Registered Investment Company		794,428
	TRP Retirement 2045 Fund	Registered Investment Company		128,279
	TRP Retirement 2050 Fund	Registered Investment Company		311,936
	TRP Retirement 2055 Fund	Registered Investment Company		19,179
	Oppenheimer Developing Markets Fund	Registered Investment Company		267,094
	Oppenheimer International Growth Fund	Registered Investment Company		433,239
	Aston / Fairpointe Mid Cap Fund	Registered Investment Company		366,839
	Pimco Real Return Bond Fund	Registered Investment Company		144,095
	Heartland Value Plus Fund	Registered Investment Company		309,919
	TRP Retirement Income Fund	Registered Investment Company		344,463
	BrokerageLink Common Stock	Common Stock		109,696
	Cash	Money Market Account		125,897
	Participant loans	Participant loans, interest rate of 1.00% to 4.25%, due in semi-monthly installments through 2019		<u>547,057</u>
				<u>\$19,842,396</u>

* Denotes party-in-interest

¹ Investment cost information has been omitted since investments are 100% participant directed.