Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TURNERS OUTDOORSMAN 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/2004

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

11738 SAN MARINO ST
RANCHO CUCAMONGA, CA 91730

2b Employer Identification Number (EIN)
20-5179071

2c Plan Sponsor's telephone number
909-923-5563

2d Business code (see instructions)
451110

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.	08/04/2015	KIM SUMMERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2015	KIM SUMMERS
	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)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.
ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number (optional)
800-261-9618

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	111
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)**	240
a(2) Total number of active participants at the end of the plan year	**6a(2)**	282
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	14
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	296
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	147
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OUTDOORSMAN INC

D Employer Identification Number (EIN)
20-5179071

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

1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G37200	147	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
31273	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

INTEGRATED WEALTH MANAGEMENT
787 N PALM CANYON BLVD
PALM SPRINGS, CA 92262

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31273	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	205203
5	Current value of plan's interest under this contract in separate accounts at year end	5	2000330

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	10851		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	3979		
	(4) Transferred from separate account	7c(4)	2076		
	(5) Other (specify below)	7c(5)	1413773		
	▶ LOAN REPAYMENT TRANSFER FROM OUTSIDE SOURCE				
	(6)Total additions			7c(6)	1430679
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1430679
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	363		
	(3) Transferred to separate account	7e(3)	1190791		
	(4) Other (specify below)	7e(4)	34322		
	▶ LOANS ISSUED				
	(5) Total deductions			7e(5)	1225476
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	205203

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OUTDOORSMAN INC

D Employer Identification Number (EIN)
20-5179071

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).. . . . . [X] 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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 37 50 52 59 60 63 66 67	NONE	4480	Yes [X] No [ ]	Yes [ ] No [X]	12268	Yes [X] 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 [ ]

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
AMERICAN UNITED LIFE INSURANCE CO	66 67	12268

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANCEBERNSTEIN INVESTMENTS 13-4064930	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INC. 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MGMT INVESTMENT ADVISORS 04-3156901	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE 13-3241232	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS CAPITAL GROUP INC 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INVESTMENT MANAGEMENT 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAK RIDGE 36-4142388	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PAX WORLD INVESTMENTS 27-1374824	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS 22-3468527	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY 31-1394672	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILMINGTON TRUST 51-0099033	REVENUE SHARING FORMULA - SEE ATTACHED

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TURNERS OUTDOORSMAN INC

D Employer Identification Number (EIN)
20-5179071

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: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

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)
35-0145825-000	P	2000330

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

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
27-3884161-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MD CP IDX NL J

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

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)
90-0337987-347	C	0

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)

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OUTDOORSMAN INC

D Employer Identification Number (EIN)
20-5179071

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	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)	0	0
(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)	0	0
(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)	6769	64207
(9) Value of interest in common/collective trusts	1c(9)	166036	0
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1247304	2000330
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	205203
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1420109	2269740
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1420109	2269740

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	202694	
(B) Participants	2a(1)(B)	328617	
(C) Others (including rollovers)	2a(1)(C)	296769	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		828080
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	1424	
(F) Other	2b(1)(F)	3979	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5403
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		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)		45842
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		879325
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26114	
(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)		26114
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)	3580	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3580
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29694
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		849631
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GALLINA LLP **(2)** EIN: 94-2147510

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OUTDOORSMAN INC

D Employer Identification Number (EIN)
20-5179071

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** 0

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): 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TURNER'S OUTDOORSMAN
401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
December 31, 2014 and 2013

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

TURNER'S OUTDOORSMAN
401(K) PLAN

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Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2014. 14

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Turner's Outdoorsman 401(k) Plan
Rancho Cucamonga, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Turner's Outdoorsman 401(k) 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 Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures 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 6, which was certified by American United Life Insurance Company and State Street Bank and Trust, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that American United Life Insurance Company held the Plan's investment assets and executed investment transactions from January 1, 2014 to December 31, 2014, and that State Street Bank and Trust held the plan's investment assets and executed investment transactions as of December 31, 2013, and for the period January 1, 2010 to December 31, 2013. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

To the Administrative Committee of the
Turner's Outdoorsman 401(k) Plan

Other Matter

The supplemental schedule of Form 5500, Schedule H, Part IV, Line 4i-Schedule of Assets (Held At End of Year) as of December 31, 2014, is required by the Department of Labor's 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 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 the supplemental schedule referred to above.

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

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

Gallina LLP

Ontario, California
July 21, 2015

TURNER'S OUTDOORSMAN
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments (at fair value)	$ 2,205,533	$ 1,413,340
Receivables:		
Notes receivable from participants	64,207	6,769
Total Receivables	64,207	6,769
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,269,740	$ 1,420,109

The accompanying notes are an integral part of these statements.

TURNER'S OUTDOORSMAN
401(K) 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:		
Interest and dividends	$	3,979
Net appreciation in fair value of investments		45,842
Total Investment Income		49,821
Interest income on notes receivable from participants		1,424
Contributions:		
Employer		202,694
Participant		328,617
Participant rollovers		296,769
Total Contributions		828,080
Total Additions		879,325
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants		26,114
Administrative expenses		3,580
Total Deductions		29,694
NET INCREASE		849,631
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		1,420,109
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	2,269,740

The accompanying notes are an integral part of these statements.

TURNER'S OUTDOORSMAN
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 1 - PLAN DESCRIPTION

The following description of the Turner's Outdoorsman ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a Defined Contribution Plan covering all employees of the Company who have completed one year of eligibility service and are age twenty-one years or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 1, 2013 to elect a Safe Harbor 401(k) Plan and provide ADP safe harbor matching contributions equal to 100% on the first 4% of the participant's compensation which is deferred as an Elective Deferral and shall be determined each payroll period.

American United Life Insurance Company serves as the Plan's trustee ("Trustee").

Contributions

Participants may make deferral contributions to the plan based upon pre-tax annual compensation, as defined in the Plan. Such contributions may not exceed annual limits, which were $17,500 and $17,500 for the years ended December 31, 2014 and 2013, respectively. Participants who are a least 50 years of age are permitted to make additional "catch-up contributions," up to $5,500 for the years ended December 31, 2014 and 2013. Participants may also make rollover contributions, which represent distributions from other qualified defined benefit or contribution plans.

Effective January 1, 2013, the Plan was amended to provide ADP test safe harbor matching contributions equal to 100% on the first 4% of the participant's compensation which is deferred as an Elective Deferral (as defined). Such matching contributions are determined each payroll period. Employer Safe harbor matching contributions totaled $202,694 for the year ended December 31, 2014. Contributions are subject to certain limitations, as defined by the Plan.

Effective March 15, 2014, the plan was amended to allow Roth contributions for all or a portion of the participants' elective deferrals.

Participants direct the investment of contributions into their accounts into various investment options offered by the Plan. The Plan offers various mutual funds and several investments in common and collective trust funds as investment options for the participants.

Participant Accounts

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

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Vesting

Participants are 100% fully vested in their deferral contributions, safe harbor matching contributions, and rollover contributions. Vesting in the Company's discretionary matching contributions is based on years of continuous service as follows:

Years of Service	Percentage Vested (%)
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Notwithstanding the above, if a participant was employed by the Company on the date of (1) attaining normal retirement age, (2) death, or (3) terminated employment as a result of becoming disabled, the Company's discretionary matching contributions become 100% vested without regard to years of service.

Notes Receivable From 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. The notes are secured by the balance in the participant's account and are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. However, the vested account balance will be automatically distributed as a lump sum distribution if less than $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or elect to rollover the balance to another qualified benefit plan.

Forfeitures

Forfeitures of unvested amounts related to terminated participants are first used to pay administrative expenses. Any remaining amounts are used to reduce future employer contributions. There were no forfeitures at December 31, 2014.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From 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% their vested account balance. Participant may have no more than one loan outstanding at any one time. The loans are secured by the balance in the participant's account and are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions, and repayment terms are one to five years for general purpose loans; however, for loans issued for the purchase of a principal residence, the repayment terms are extended up to 30 years. Interest rates were between 4.25% to 5.25% as of December 31, 2014.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

The Plan has investments in the AUL Fixed Account offered by the Custodian that is considered to be an investment contract in which the underlying assets of the AUL Fixed account are held in the general account of American United Life Insurance Company. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit- responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Accordingly, for fully benefit-responsive investment contracts, the relevant accounting guidance requires the presentation of the amount representing the difference between fair value and contract value for such investments on the face of Statements of Net Assets for Benefits so that the statements are ultimately presented at contract value. Management has determined the AUL Fixed account to be fully benefit-responsive. However, at December 31, 2014 , the contract value of the investments approximated its fair value, and therefore, there is not an adjustment from fair value contract value presented in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2014.

The Plan has investments in the Invesco Stable Value Fund (“Stable Value Fund”), which is an investment fund that is held in a common collective trust. The Stable Value Fund seeks to preserve principal through investments in high quality assets, provide a moderate return, meet participant liquidity needs, and maintain interest rate responsiveness. To provide a stable pattern of returns and exchange shares at book value, the Stable Value Fund will purchase investment contracts from insurance companies and other financial institutions. These investment contracts include fixed rate guaranteed investment contracts and synthetic guaranteed investment contracts (with the underlying fixed income securities).

The Plan’s investments in the Stable Value Fund are reported at fair value. However, because the Stable Value Fund invests in investment contracts, accounting guidance provides that contract value is the relevant measurement attribute for that portion of the net assets available attributable to fully benefit-responsive investment contracts. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, for investments that have fully benefit-responsive investment contracts, accounting guidance requires the presentation of the amount representing the difference between fair value and contract value on the Statements of Net Assets Available for Benefits so that the statements ultimately reflect the investments at contract value. Management has determined that the Plan’s investments in the Stable Value are fully benefit-responsive. However, at December 31, 2013, the contract value of the investments approximated its fair value, and therefore, there is not an adjustment from fair value to contract value presented in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2013.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Payments of Benefits
Benefits are recorded when paid.

Operating Expenses
All expenses of maintaining the Plan are paid by the Company.

Subsequent Events
The sponsor has evaluated subsequent events through July 21, 2015, the date of which the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 are valued using inputs other than quoted prices (see below) and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 and 2 inputs because they generally provide the most reliable evidence of fair value.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual Funds
Mutual funds are valued at the quoted net asset value of shares held by the plan at year end.

AUL Fixed Account
The AUL Fixed Account is valued using inputs other than quoted prices. These inputs are observable, either directly or indirectly. All of the inputs used are generally considered observable through review of existing contracts and readily available financial information.

Common Collective Trusts
The fair value of common collective trusts are valued at the fair value of the shares in the trust, based upon the fair value of the underlying investments as determined by the trustee.

NOTE 3 - FAIR VALUE MEASURES (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013.

	Recurring Fair Value Measurements at December 31, 2014		
	Quoted Prices in Active Markets (Level 1)	Observable Inputs Other Than Quoted Prices (Level 2)	Total
Fixed Interest Value			
AUL Fixed Account	$ -	$ 205,203	$ 205,203
Total Fixed Interest Value	-	205,203	205,203
Mutual Funds			
Short-term Bond	37,281	-	37,281
Intermediate Bond	695,842	-	695,842
Mid-Cap Value	84,116	-	84,116
Balanced	99,548	-	99,548
Foreign Stock	128,573	-	128,573
Wold Stocks	112,107	-	112,107
Small-Cap	243,900	-	243,900
Large-Cap	485,538	-	485,538
Managed Asset Allocation	82,546	-	82,546
Specialty	30,879	-	30,879
Total Mutual Funds	2,000,330	-	2,000,330
Total Investments at Fair Value	$ 2,000,330	$ 205,203	$ 2,205,533

NOTE 3 - FAIR VALUE MEASURES (CONTINUED)

	Recurring Fair Value Measurements at December 31, 2013		
	Quoted Prices in Active Markets (Level 1)	Observable Inputs Other Than Quoted Prices (Level 2)	Total
Common Collective Trusts			
Stable Value	$ -	$ 107,317	$ 107,317
Mid-Cap Blend	-	58,719	58,719
Total Common Collective Trusts	-	166,036	166,036
Mutual Funds			
Short-term Bond	6,960	-	6,960
Intermediate Bond	47,271	-	47,271
High Yield	35,132	-	35,132
World Bond	987	-	987
Target-Date	76,746	-	76,746
Risk Based	253,965	-	253,965
Large Value	57,145	-	57,145
Large Blend	108,605	-	108,605
Large Growth	97,289	-	97,289
Mid-Cap Value	62,061	-	62,061
Small Value	239,637	-	239,637
Small Growth	103,142	-	103,142
Foreign Large Value	38,737	-	38,737
Foreign Large Growth	70,204	-	70,204
Diversified Emerging Mkts	8,974	-	8,974
Equity Precious Metals	35,160	-	35,160
Real Estate	5,289	-	5,289
Total Mutual Funds	1,247,304	-	1,247,304
Total Investments at Fair Value	$ 1,247,304	$ 166,036	$ 1,413,340

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31, 2014	December 31, 2013
Franklin Small Cap Value	$ *	$ 239,637
Lord Abbett Equity Fund	*	108,605
Invesco Stable Fund	*	107,317
Blackrock Global Allocation	*	106,862
Lord Abbett Development Growth	*	103,142
Franklin Growth Fund	*	97,289
Franklin Growth Allocation	*	71,028
AUL Fixed Account	205,203	*
Amerfds Europac Grth R3	114,860	*
Amerfds New World R3	174,334	*
Pimco Total Return R	145,025	*
Pioneer Start Inc A	181,253	*
Prudential Total Return Bond A	268,828	*

* Indicates that the investment did not represent 5% or more of the Plan's net assets as of the respective date.

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 $45,842 as follows:

	2014
AUL fixed account	$ 3,979
Mutual funds	41,863
Total Net Appreciation in Fair Value	$ 45,842

NOTE 5 - SUMMARY OF UNAUDITED INFORMATION

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following information in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013;
- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014;
- The information regarding fair value measurements disclosed in Note 3;
- Investments that represent 5% or more of the Plan's net assets available for plan benefits as of December 31, 2014 and 2013, as reflected in Note 4;
- Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The AUL Fixed Account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer of the Guaranteed Fund is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the AUL Fixed Account is fully benefit-responsive, contract value is the relevant

measurement attribute for that portion of the net assets available for benefits at attributable to the investment contracts. The investment contracts are presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by OneAmerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

At December 31, 2014 there are no reserves against contract value for credit risk of the contract issuer for AUL Fixed Account. The fair value of the investment contracts at December 31, 2014, was $205,203. The crediting interest is based on an agreed-upon formula with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with OneAmerica. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants is probable.

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

	2014	2013
Average Yields		
Based on actual earnings	1.24%	-
Based on interest rate credit to participants	1.24%	-

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are in a common collective trust fund that is managed by State Street Bank and Trust (State Street). State Street is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services totaled $3,580 for the year ended December 31, 2014.

Certain Plan investments are in mutual funds managed by American United Life Insurance Company (AUL), a OneAmerica company. AUL is the custodian as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions.

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - TAX STATUS

The Plan was established under a prototype plan document. The prototype plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code. Although the prototype plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 examinations by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 10 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

TURNER'S OUTDOORSMAN
401(K) PLAN

FORM 5500, SCHEDULE H, Part IV, Line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN 20-5179071
Plan Number 001

(A)	(B) Identity of Issue or Borrower	(C) Description	(E) Current Value
*	American United Life Ins Co	AUL Fixed Account	$ 205,203
	Alliancebernstein Investments	AB Core OPS R	40,060
	American Century Investments	Amercent Eqty Grth A	87,048
	American Century Investments	Amercent Midcap Val A	1,157
	American Century Investments	Amercent One Choice 2020 A	1,119
	American Century Investments	Amercent One Choice 2045 A	2,769
	American Century Investments	Amercent One Choice 2035 A	52,932
	American Century Investments	Amercent One Choice 2040 A	12,176
	American Century Investments	Amercent One Choice 2055 A	3,825
	American Century Investments	Amercent One Choice 2050 A	9,725
	American Funds	Amerfds American	13,006
	American Funds	Amerfds Europac Grth R3	114,860
	American Funds	Amerfds Fdmental Invs R3	51,465
	American Funds	Amerfds Grth Fd of America R3	86,082
	American Funds	Amerfds New Perspective R3	2,928
	American Funds	Amerfds New World R3	174,334
	American Funds	Amerfds Washington Mutual R3	1,214
	Blackrock Inc.	Blackrck Eafe Eqty IDC CL 66	1,342
	Blackrock Inc.	Blackrck EM Mkts Eqty	1,277
	Blackrock Inc.	Blackrck Eqty IDX CL66	4,915
	Wilmington Trust	Blackrck Lifepth IDX Ret CL95	220
	Wilmington Trust	Blackrck Lifepth IDX 2020 CL95	132
	Wilmington Trust	Blackrck Lifepth IDX 2030 CL95	132
	Wilmington Trust	Blackrck Lifepth IDX 2040 CL95	3,733
	Wilmington Trust	Blackrck Lifepth IDX 2050 CL95	131
	Blackrock Inc.	Blackrck Midcap Eqty	605
	Blackrock Inc.	Blackrck Russell 2000IDX CL66	4,464
	Blackrock Inc.	Blackrck Russell I000IDX CL66	511
	Blackrock Inc.	Blackrck US Debt IDX CL66	136
	Blackrock Inc.	Blackrock Global Alloc R	22,777
	Columbia Mgmt Investment Advisors	Columbia Emerging Mkts Bond A	60,786
	Fidelity Investments	Fidelity Adv Eqty Grth T	4,176
	Fidelity Investments	Fidelity Adv Eqty Inc T	1,300
	Fidelity Investments	Fidelity Adv Lev Comp	31,792
	Fidelity Investments	Fidelity Adv New Insights FD T	107
	Fidelity Investments	Fidelity Adv Smcap T	3,728
	Goldman Sachs Asset Management	Goldmansachs Midcap Val S	18,318
	Goldman Sachs Asset Management	Goldmansachs SMidcap Val SVC	11,272
	Goldman Sachs Asset Management	Goldmansachs Tollkeeper SVC	365
	Invesco	Invesco Comstock R	16,312
	Invesco	Invesco Diversified Div A	90,482
	Invesco	Invesco Energy FD A	237
	Invesco	Invesco Intl Grth R	5,071

TURNER'S OUTDOORSMAN
401(K) PLAN

FORM 5500, SCHEDULE H, Part IV, Line 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(A)	(B) Identity of Issue or Borrower	(C) Description	(E) Current Value
	Janus Capital Group INC	Janus Balanced R	$ 13,722
	MFS Investment Management	MFS Intl New Discovery R2	946
	MFS Investment Management	MFS Mas Invs Grth Stk R2	58,642
	MFS Investment Management	MFS utilities R2	924
	Oak Ridge	Oak Ridge Smcap Grth A	3,093
	Oppenheimer Funds Inc.	Oppenheimer Global Ops A	3,840
	Oppenheimer Funds Inc.	Oppenheimer Gold & SPCl	21,028
	Oppenheimer Funds Inc.	Oppenheimer Intl Grth A	71,888
	Pimco	Pimco Real Return R	32,386
	Pimco	Pimco Total Return R	145,025
	Pioneer Investments	Pioneer High Yield A	2,538
	Pioneer Investments	Pioneer Start Inc A	181,253
	Prudential Investments	Prudential Financial SVCS A	230
	Prudential Investments	Prudential Global Realestate A	7,493
	Prudential Investments	Prudential Jenn Natural Recs A	602
	Prudential Investments	Prudential Total Return Bond A	268,828
	Russell Investment Company	Russell LP Balanced R5	9,740
	Russell Investment Company	Russell LP Consv R5	30,111
	Russell Investment Company	Russell LP Eqty Grth	5,394
	Russell Investment Company	Russell LP Eqty Grth Start R5	19,173
	Russell Investment Company	Russell LP Mod R5	13,796
	State Street Global Advisors	SSGA Russell Smcap Indx	2,705
	State Street Global Advisors	SSGA S & P 500 Indx I	58,351
	State Street Global Advisors	SSGA S & P Midcap 400	9,668
	Franklin Templeton Investments	Templeton Global Bond R	5,026
	Franklin Templeton Investments	Templeton Grth R	5,280
	Thornburg Investment Management	Thornburg Intl Val R3	7,696
	Thornburg Investment Management	Thornburg LTD-Term Inc	37,281
	T Rowe Price	Troweprice Eqty Inc R	35,942
	Victory	Victory Sycam Small CO OP R	8,708
		Total Investments	2,205,533
*	Participant Loans	Interest Rates at 4.25% to 5.25% with maturity dates from August 2015 to July 2019.	64,207
			$ 2,269,740

* Party in Interest

Note: All of the Plan's investments are participant-directed and therefore, the cost information has been omitted.

Schedule C Attachment for Line Item 3(e)

Plan Name **G37200 TURNERS OUTDOORSMAN 401K PLAN**

Plan Number **001** **Plan Year End** **12/31/2014**

EIN **20-5179071**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALLIANCEBERNSTEIN INVESTMENTS	AB Core Ops R	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2015 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2020 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2025 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2030 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2035 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2040 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2045 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2050 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2055 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent MidCap Val A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent Eqty Grth A	0.60

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Heritage A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice In Ret A	0.60
AMERICAN FUNDS	AmerFds American Balanced R3	0.60
AMERICAN FUNDS	AmerFds Inter Bond Fd Amer R3	0.60
AMERICAN FUNDS	AmerFds EuroPac Grth R3	0.60
AMERICAN FUNDS	AmerFds Fdamental Invs R3	0.60
AMERICAN FUNDS	AmerFds Grth Fd of America R3	0.60
AMERICAN FUNDS	AmerFds New World R3	0.60
AMERICAN FUNDS	AmerFds New Perspective R3	0.60
AMERICAN FUNDS	AmerFds Washington Mutual R3	0.60
BLACKROCK INC.	BlackRock Global Alloc R	0.75
BLACKROCK INC.	BlackRck EAFE Eqty Idx CL66	0.60
BLACKROCK INC.	BlackRck Eqty Idx CL66	0.60
BLACKROCK INC.	BlackRck EM Mkts Eqty Idx CL66	0.60
BLACKROCK INC.	BlackRck MidCap Eqty Idx CL66	0.60
BLACKROCK INC.	BlackRck Russell 1000Idx CL66	0.60
BLACKROCK INC.	BlackRck Russell 2000Idx CL66	0.60
BLACKROCK INC.	BlackRck 1-3 Gvt Bnd Idx CL66	0.60
CALVERT INVESTMENTS	Calvert VP SRI MidCap Grth Prt	0.10
CALVERT INVESTMENTS	Calvert Equity A	0.50
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia Emerging Mkts Bond A	0.50
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia Seligman Com & Info A	0.50
DEUTSCHE	Deutsche Strat Govt Secs A	0.55
FIDELITY INVESTMENTS	Fidelity Adv StockSel AllCap T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Eqty Grth T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Lev Comp Stock T	0.75
FIDELITY INVESTMENTS	Fidelity Adv New Insights Fd T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Eqty Inc T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Grth Ops T	0.75
FIDELITY INVESTMENTS	Fidelity Adv SmCap T	0.75
FRANKLIN TEMPLETON INVESTMENTS	Templeton Foreign R	0.65
FRANKLIN TEMPLETON INVESTMENTS	Templeton Grth R	0.65
FRANKLIN TEMPLETON INVESTMENTS	Templeton Global Bond R	0.65
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs MidCap Val S	0.60

Investment Company	Investment Portfolio	Annual Percentage
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Svc	0.60
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs Tollkeeper Svc	0.60
INVESCO	Invesco Intl Grth R	0.75
INVESCO	Invesco SmCap Grth R	0.75
INVESCO	Invesco Comstock R	0.75
INVESCO	Invesco Diversified Div A	0.50
INVESCO	Invesco Energy Fd A	0.50
INVESCO	Invesco Global Health Care A	0.50
JANUS CAPITAL GROUP, INC	Janus Balanced R	0.75
MFS INVESTMENT MANAGEMENT	MFS Intl New Discovery R2	0.65
MFS INVESTMENT MANAGEMENT	MFS Mass Invs Grth Stk R2	0.65
MFS INVESTMENT MANAGEMENT	MFS Utilities R2	0.65
Oak Ridge	Oak Ridge SmCap Grth A	0.60
ONEAMERICA FUNDS INC.	OneAmerica Socially Resp Adv	0.30
OPPENHEIMER FUNDS INC.	Oppenheimer Global Ops A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Gold & Spcl Min A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Global A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Grth A	0.50
PAX WORLD INVESTMENTS	Pax World Balanced R	0.60
PAX WORLD INVESTMENTS	Pax Wld Glbl Env Mkts R	0.60
PIMCO	PIMCO High Yield R	0.60
PIMCO	PIMCO Real Return R	0.60
PIMCO	PIMCO Total Return R	0.60
PIONEER INVESTMENTS	Pioneer A	0.60
PIONEER INVESTMENTS	Pioneer High Yield A	0.60
PIONEER INVESTMENTS	Pioneer Strat Inc A	0.60
PRUDENTIAL INVESTMENTS	Prudential Financial Svcs A	0.55
PRUDENTIAL INVESTMENTS	Prudential Jenn Natural Recs A	0.55
PRUDENTIAL INVESTMENTS	Prudential Total Return Bond A	0.55
PRUDENTIAL INVESTMENTS	Prudential Global RealEstate A	0.55
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Balanced R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Consv R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Eqty Grth Strat R5	0.70

Investment Company	Investment Portfolio	Annual Percentage
RUSSELL INVESTMENT COMPANY	Russell LP Mod R5	0.70
STATE STREET GLOBAL ADVISORS	SSgA Russell SmCap Indx I	0.62
STATE STREET GLOBAL ADVISORS	SSgA S&P MidCap 400 Indx A	0.62
STATE STREET GLOBAL ADVISORS	SSgA S&P 500 Indx I	0.60
T ROWE PRICE	TRowePrice Eqty Inc R	0.65
THORNBURG INVESTMENT MANAGEMENT	Thornburg Intl Val R3	0.70
THORNBURG INVESTMENT MANAGEMENT	Thornburg Ltd-Term Inc R3	0.55
VICTORY	Victory Sycam Small Co Op R	0.75
Wilmington Trust	BlackRck LifePth Idx 2020 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2030 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2040 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2050 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx Ret CL95	0.60

Plan Type **1 401PS**

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TURNERS OUTDOORSMAN 401K PLAN **EIN:** 20-5179071
Plan Sponsor's Name TURNERS OUTDOORSMAN INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALLIANCEBERNSTEIN INVESTMENTS	AB CORE OPS R MUTUAL FUND SHARES	0	40,060
	AMERICAN CENTURY INVESTMENTS	AMERCENT EQTY GRTH A MUTUAL FUND SHARES	0	87,048
	AMERICAN CENTURY INVESTMENTS	AMERCENT MIDCAP VAL A MUTUAL FUND SHARES	0	1,157
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2020 A MUTUAL FUND SHARES	0	1,119
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2045 A MUTUAL FUND SHARES	0	2,769
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2035 A MUTUAL FUND SHARES	0	52,932
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2040 A MUTUAL FUND SHARES	0	12,176

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TURNERS OUTDOORSMAN 401K PLAN **EIN:** 20-5179071
Plan Sponsor's Name TURNERS OUTDOORSMAN INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2055 A MUTUAL FUND SHARES	0	3,825
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2050 A MUTUAL FUND SHARES	0	9,725
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R3 MUTUAL FUND SHARES	0	13,006
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	114,860
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	51,465
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3 MUTUAL FUND SHARES	0	86,082
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3 MUTUAL FUND SHARES	0	2,928

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TURNERS OUTDOORSMAN 401K PLAN **EIN:** 20-5179071
Plan Sponsor's Name TURNERS OUTDOORSMAN INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMERFDS NEW WORLD R3 MUTUAL FUND SHARES	0	174,334
	AMERICAN FUNDS	AMERFDS WASHINGTON MUTUAL R3 MUTUAL FUND SHARES	0	1,214
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	205,203
	BLACKROCK INC.	BLACKRCK EAFE EQTY IDX CL66 MUTUAL FUND SHARES	0	1,342
	BLACKROCK INC.	BLACKRCK EM MKTS EQTY IDX CL66 MUTUAL FUND SHARES	0	1,277
	BLACKROCK INC.	BLACKRCK EQTY IDX CL66 MUTUAL FUND SHARES	0	4,915
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX RET CL95 MUTUAL FUND SHARES	0	220

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TURNERS OUTDOORSMAN 401K PLAN **EIN:** 20-5179071
Plan Sponsor's Name TURNERS OUTDOORSMAN INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2020 CL95 MUTUAL FUND SHARES	0	132
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2030 CL95 MUTUAL FUND SHARES	0	132
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2040 CL95 MUTUAL FUND SHARES	0	3,733
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2050 CL95 MUTUAL FUND SHARES	0	131
	BLACKROCK INC.	BLACKRCK MIDCAP EQTY IDX CL66 MUTUAL FUND SHARES	0	605
	BLACKROCK INC.	BLACKRCK RUSSELL 2000IDX CL66 MUTUAL FUND SHARES	0	4,464
	BLACKROCK INC.	BLACKRCK RUSSELL 1000IDX CL66 MUTUAL FUND SHARES	0	511

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name TURNERS OUTDOORSMAN 401K PLAN **EIN:** 20-5179071
Plan Sponsor's Name TURNERS OUTDOORSMAN INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK INC.	BLACKRCK US DEBT IDX CL66 MUTUAL FUND SHARES	0	136
	BLACKROCK INC.	BLACKROCK GLOBAL ALLOC R MUTUAL FUND SHARES	0	22,777
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA EMERGING MKTS BOND A MUTUAL FUND SHARES	0	60,786
	FIDELITY INVESTMENTS	FIDELITY ADV EQTY GRTH T MUTUAL FUND SHARES	0	4,176
	FIDELITY INVESTMENTS	FIDELITY ADV EQTY INC T MUTUAL FUND SHARES	0	1,300
	FIDELITY INVESTMENTS	FIDELITY ADV LEV COMP STOCK T MUTUAL FUND SHARES	0	31,792
	FIDELITY INVESTMENTS	FIDELITY ADV NEW INSIGHTS FD T MUTUAL FUND SHARES	0	107

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	FIDELITY INVESTMENTS	FIDELITY ADV SMCAP T MUTUAL FUND SHARES	0	3,728
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL S MUTUAL FUND SHARES	0	18,318
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	11,272
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS TOLLKEEPER SVC MUTUAL FUND SHARES	0	365
	INVESCO	INVESCO COMSTOCK R MUTUAL FUND SHARES	0	16,312
	INVESCO	INVESCO DIVERSIFIED DIV A MUTUAL FUND SHARES	0	90,482
	INVESCO	INVESCO ENERGY FD A MUTUAL FUND SHARES	0	237

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	INVESCO	INVESCO INTL GRTH R MUTUAL FUND SHARES	0	5,071
	JANUS CAPITAL GROUP INC	JANUS BALANCED R MUTUAL FUND SHARES	0	13,722
	PARTICIPANTS	LOANS 4.25% TO 5.25%	0	64,207
	MFS INVESTMENT MANAGEMENT	MFS INTL NEW DISCOVERY R2 MUTUAL FUND SHARES	0	946
	MFS INVESTMENT MANAGEMENT	MFS MASS INVS GRTH STK R2 MUTUAL FUND SHARES	0	58,642
	MFS INVESTMENT MANAGEMENT	MFS UTILITIES R2 MUTUAL FUND SHARES	0	924
	OAK RIDGE	OAK RIDGE SMCAP GRTH A MUTUAL FUND SHARES	0	3,093

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	OPPENHEIMER FUNDS INC.	OPPENHEIMER GLOBAL OPS A MUTUAL FUND SHARES	0	3,840
	OPPENHEIMER FUNDS INC.	OPPENHEIMER GOLD & SPCL MIN A MUTUAL FUND SHARES	0	21,028
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL GRTH A MUTUAL FUND SHARES	0	71,888
	PIMCO	PIMCO REAL RETURN R MUTUAL FUND SHARES	0	32,386
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	145,025
	PIONEER INVESTMENTS	PIONEER HIGH YIELD A MUTUAL FUND SHARES	0	2,538
	PIONEER INVESTMENTS	PIONEER STRAT INC A MUTUAL FUND SHARES	0	181,253

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	PRUDENTIAL INVESTMENTS	PRUDENTIAL FINANCIAL SVCS A MUTUAL FUND SHARES	0	230
	PRUDENTIAL INVESTMENTS	PRUDENTIAL GLOBAL REALESTATE A MUTUAL FUND SHARES	0	7,493
	PRUDENTIAL INVESTMENTS	PRUDENTIAL JENN NATURAL RECS A MUTUAL FUND SHARES	0	602
	PRUDENTIAL INVESTMENTS	PRUDENTIAL TOTAL RETURN BOND A MUTUAL FUND SHARES	0	268,828
	RUSSELL INVESTMENT COMPANY	RUSSELL LP BALANCED R5 MUTUAL FUND SHARES	0	9,740
	RUSSELL INVESTMENT COMPANY	RUSSELL LP CONSV R5 MUTUAL FUND SHARES	0	30,111
	RUSSELL INVESTMENT COMPANY	RUSSELL LP EQTY GRTH STRAT R5 MUTUAL FUND SHARES	0	5,394

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	RUSSELL INVESTMENT COMPANY	RUSSELL LP GRTH STRAT R5 MUTUAL FUND SHARES	0	19,173
	RUSSELL INVESTMENT COMPANY	RUSSELL LP MOD R5 MUTUAL FUND SHARES	0	13,796
	STATE STREET GLOBAL ADVISORS	SSGA RUSSELL SMCAP INDX I MUTUAL FUND SHARES	0	2,705
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDX I MUTUAL FUND SHARES	0	58,351
	STATE STREET GLOBAL ADVISORS	SSGA S & P MIDCAP 400 INDX A MUTUAL FUND SHARES	0	9,668
	FRANKLIN TEMPLETON INVESTMENTS	TEMPLETON GLOBAL BOND R MUTUAL FUND SHARES	0	5,026
	FRANKLIN TEMPLETON INVESTMENTS	TEMPLETON GRTH R MUTUAL FUND SHARES	0	5,280

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	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTL VAL R3 MUTUAL FUND SHARES	0	7,696
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG LTD-TERM INC R3 MUTUAL FUND SHARES	0	37,281
	T ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	35,942
	VICTORY	VICTORY SYCAM SMALL CO OP R MUTUAL FUND SHARES	0	8,708