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
ISEC, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1980

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

6000 GREENWOOD PLAZA BLVD
SUITE 200
GREENWOOD VILLAGE, CO 80111-4818

2b Employer Identification Number (EIN)
84-0577348

2c Plan Sponsor's telephone number
303-790-1444

2d Business code (see instructions)
238900

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.	08/14/2015	MARK LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2015	MARK LANE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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**	594
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)**	549
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	591
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	86
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	677
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	678
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	482
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 2R 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL 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
42-0127290	61271	441462	678	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
2252	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

TRUENORTH INC
8200 E 32ND ST N
WICHITA, KS 67226-2606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2252	0		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		
	(c) Amount	(d) Purpose	(e) Organization code

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
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 ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b	Balance at the end of the previous year			**7b**	1656363
c	Additions: (1) Contributions deposited during the year	**7c(1)**	101025		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	32367		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**	123856		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			**7c(6)**	257248
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	1913611
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	466744		
	(2) Administration charge made by carrier	**7e(2)**	405		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**	59377		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			**7e(5)**	526526
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	1387085

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 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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL 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
42-0127290	61271	707443	678	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
46213	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

TRUENORTH INC
8200 E 32ND ST N
WICHITA, KS 67226-2606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
46213	0		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		
	(c) Amount	(d) Purpose	(e) Organization code

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	34885366

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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)

TRUENORTH INC

48-1233289

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 55 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	35030	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	15897	Yes [X] No [ ]	Yes [X] No [ ]	1782	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRUENORTH INC	27 49 55 99	35030
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN, INVESTMENT ADVISORY (PLAN)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	1782
(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.	
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-024	P	109339

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-027	P	518671

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I3

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-016	P	1289203

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-043	P	1051878

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-026	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2010 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-075	P	760864

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2020 SEP ACCT-I2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE 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)
42-0127290-076	P	6502722

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT-I2

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

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8667403

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-I2

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

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11498979

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT-I2

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

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3358323

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SA-I2

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

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256791

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6

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

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242303

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-R6

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

c EIN-PN 42-0127290-120	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 628891

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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3207
(2) Participant contributions	1b(2)	30210	6036
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3177	412
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	796269	670418
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1544716	1422371
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	32447235	34885366
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10975312	10104019
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1656363	1387085
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	47453282	48478914
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	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	47453282	48478914

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)	1301208	
	(B) Participants	2a(1)(B)	2614923	
	(C) Others (including rollovers)	2a(1)(C)	67610	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3983741
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)	65061	
	(F) Other	2b(1)(F)	32367	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		97428
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	6750	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	107598	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		114348
	(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)	-39309	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-39309

		(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)		2189952
(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)		517519
c Other income	2c		557
d Total income. Add all **income** amounts in column (b) and enter total	2d		6864236
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5819334	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	511	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5819845
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)	18753	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	6	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18759
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5838604
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1025632
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARTIN, VEJVODA & ASSOC., INC. **(2)** EIN: 84-1038838

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		30210
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	0

			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	0
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	0
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			

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
ISEC, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISEC, INC.

D Employer Identification Number (EIN)
84-0577348

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): 42-0127290

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):

ISEC, INCORPORATED
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014

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Schedule of Delinquent Participant Contributions

MARTIN, VEJVODA AND ASSOCIATES
INCORPORATED
Certified Public Accountants
3443 SOUTH GALENA STREET • SUITE 200
DENVER, COLORADO 80231

(303) 338-9277 FAX: (303) 338-9281

INDEPENDENT AUDITORS' REPORT

To the Trustees of
ISEC, Incorporated 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ISEC, Incorporated 401(k) Plan, which comprise the net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Principal Life Insurance Company, the Trustee of the Plan, except for comparing the information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of 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 significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule of Assets Held for Investment Purposes, as of or for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements.

Other Matter (Continued)

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL's Rules and Regulations

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



August 5, 2015
Denver, Colorado

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments, at Fair Value		
Mutual Funds (Registered Investment Companies)	$ 9,052,732	$ 9,480,855
Insurance Company General Accounts	1,387,085	1,656,363
Pooled Separate Accounts	34,885,366	32,447,235
Participant-Directed Brokerage Accounts	1,722,117	2,293,903
Total Investments	47,047,300	45,878,356
Receivables		
Employer Contributions	3,207	-
Participant Contributions	6,036	30,210
Notes Receivable from Participants	1,422,371	1,544,716
Total Receivables	1,431,614	1,574,926
Total Assets	48,478,914	47,453,282
Net Assets Available For Benefits	$ 48,478,914	$ 47,453,282

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Investment Income		
Interest Income	$ 32,366	$ 34,165
Interest on Participant Loans	65,061	57,104
Mutual Fund Dividends	102,436	93,944
Dividends from Participant-Directed Brokerage Accounts	11,912	21,713
Net Increase in Fair Value of Mutual Funds	417,187	1,324,015
Net Increase in Fair Value of Participant-Directed Brokerage Accounts	61,097	400,982
Net Increase in Fair Value of Pooled Separate Accounts	2,190,436	5,553,684
Total Investment Income	2,880,495	7,485,607
Contributions		
Employer	1,301,208	1,175,121
Participants	2,614,923	2,401,865
Employee Rollover	67,610	166,082
Total Contributions	3,983,741	3,743,068
Total Additions to Net Assets	6,864,236	11,228,675
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits Paid to Participants	5,819,845	2,888,322
Other Expenses	18,759	19,906
Total Deductions from Net Assets	5,838,604	2,908,228
Net Increase in Net Assets	1,025,632	8,320,447
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	47,453,282	39,132,835
END OF YEAR	$ 48,478,914	$ 47,453,282

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

1 Description of Plan

The following description of the ISEC, Incorporated (Company) 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have ninety days of service and are twenty-one or older, except those who are non-resident aliens, leased employees or covered by a collective bargaining agreement. Participants may elect to enter the Plan on the first day of the month coinciding with or next following the date when they become eligible. It is subject to the provisions of the ERISA.

B. Contributions. Eligible employees may contribute up to 100% of their salary, subject to certain statutory limits. Participants may elect traditional (tax-deferred) or Roth 401(k) contributions, or a combination of the two. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a range of pooled separate accounts, mutual funds, a fixed income account, and a participant-directed brokerage-style fund. In 2014 and 2013, the Company matching contributions were 100% of the first 4%. Company contributions are invested according to the participant's investment options.

C. Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of: a) the Company's contributions; and, b) the Plan earnings, 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.

D. Vesting. Participants are 100% vested in both participant contributions and employer contributions upon entering the Plan. Under previous Plan rules, employer contributions vested over a five-year schedule.

E. Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates based on market rates. Principal and interest is paid ratably through periodic payroll deductions.

F. 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 participant's interest in his or her account or annual installments. A participant may also request a hardship distribution if certain conditions are met.

G. Forfeited Accounts. Amounts forfeited under prior Plan rules may be used to offset employer contributions of Plan expenses, or may be allocated to all participant accounts. At December 31, 2014 and 2013, there were no forfeited balances.

2 Summary of Significant Accounting Policies

A. Basis of Accounting. The financial statements of the Plan are prepared on the accrual method of accounting. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully-benefit responsive contracts. At December 31, 2014 and 2013, Fair Value and Contract Value of fully-benefit responsive contracts were essentially equivalent.

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

C. Investment Valuation and Income Recognition. 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 9 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

D. Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

E. Payment of Benefits. Benefits are recorded when paid.

F. Operating Expenses. Except for loan origination fees associated with notes receivable from participant, distribution fees, and certain investment fees charged to participants who use brokerage services, all administrative expenses of maintaining the plan are paid by the Company. Other investment related expenses are included in net increase in fair value of investments.

3 Investments

The following presents investments that represent 5% or more of the Plan's net assets, at December 31, 2014 and 2013:

	2014	2013
Principal Lifetime 2020 Pooled Separate Account	$ 6,502,722	$ 5,756,658

3 Investments (Continued)

	2014	2013
Principal Lifetime 2030 Pooled Separate Account	$ 8,667,403	$ 8,790,862
Principal Lifetime 2040 Pooled Separate Account	11,498,979	10,231,145
Principal Lifetime 2050 Pooled Separate Account	3,358,323	2,715,497
	$ 30,027,427	$ 27,494,162

4 Information Prepared and Certified by the Trustee

The following information, included in the accompanying financial statements and supplemental schedule, was taken from data that has been prepared and certified to as complete and accurate by the Trustee.

	2014	2013
Investments, at Fair Value		
Mutual Funds (Registered Investment Companies)	$ 9,052,732	$ 9,480,855
Insurance Company General Accounts	$ 1,387,085	$ 1,656,363
Pooled Separate Accounts	$ 34,885,366	$ 32,447,235
Participant-Directed Brokerage Accounts	$ 1,722,117	$ 2,293,903
Investment Income	$ 2,815,434	$ 7,428,504
Interest Income on Notes Receivable	$ 65,061	$ 57,104
Notes Receivable from Participants	$ 1,422,371	$ 1,544,716

5 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.

6 Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC), and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

6 Tax Status (Continued)

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.

7 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 statement of net assets available for Plan benefits.

8 Investment Contract with Insurance Company

In 2006, the Plan entered into a benefit-responsive investment contract with Principal Life Insurance Company (the Principal). The Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by the Principal.

Contract value 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. The guaranteed investment contract issuer 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 guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by the Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $1,387,085 and $1,656,363, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a semiannual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), 2) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

8 Investment Contract with Insurance Company (Continued)

The guaranteed investment contract does not permit the Principal to terminate the agreement prior to the scheduled maturity date.

Average Yields	2014	2014
Based on Actual Earnings	2.00%	2.30%
Based on Interest Rate Credited to Participants	2.00%	2.30%

9 Fair Value Measurements

FASB ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurements) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include -
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual Funds: Valued at the daily closing price as reported by the fund.

Pooled Separate Accounts, Mutual Funds: Valued at Net Asset Value (NAV) of shares held by the Plan at year-end. Underlying assets are investments in single mutual funds with quoted prices, but the NAV of pooled separate accounts are not publicly quoted.

9 Fair Value Measurements (Continued)

Pooled Separate Account, Real Estate: Valued at Net Asset Value (NAV) of shares held by the Plan at year-end. Underlying assets are primarily commercial real estate and includes mortgage loans which are backed by the associated properties.

Insurance Company General Accounts: The Insurance Company General Account is a guaranteed investment contract. Fair value represents discontinuation value, or contract value times 95% (the amount realized if the Plan were to withdraw or transfer funds within the Plan prior to maturity).

Participant Self-Directed Accounts: Self-directed accounts are valued at the value of the underlying assets. The self-directed accounts consist of securities that have publicly quoted prices, both common stock and mutual funds.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as December 31, 2014 and 2013, respectively:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 9,052,732	$ -	$ -	$ 9,052,732
Insurance Company, General Account	-	-	1,387,085	1,387,085
Participant-Directed Brokerage Account	1,722,117	-	-	1,722,117
Pooled Separate Accounts, Mutual Funds	-	34,885,366	-	34,885,366
	$ 10,774,849	$ 34,885,366	$ 1,387,085	$ 47,047,300

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 9,480,855	$ -	$ -	$ 9,480,855
Insurance Company, General Account	-	-	1,656,363	1,656,363
Participant-Directed Brokerage Account	2,293,903	-	-	2,293,903
Pooled Separate Accounts, Mutual Funds	-	32,447,235	-	32,447,235
	$ 11,774,758	$ 32,447,235	$ 1,656,363	$ 45,878,356

9 Fair Value Measurements (Continued)

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2014 and 2013, respectively:

Level 3 Assets for the Year Ended December 31, 2014

	Insurance Company, General Account
Balance, Beginning of Year	$ 1,656,363
Total Gain	-
Interest Credited	32,366
Purchases, Sales, Issuances, and Settlements (Net)	(301,644)
Balance, End of Year	$ 1,387,085
Unrealized Gain	$ -

Level 3 Assets for the Year Ended December 31, 2013

	Insurance Company, General Account
Balance, Beginning of Year	$ 1,425,000
Total Gain	75,000
Interest Credited	34,166
Purchases, Sales, Issuances, and Settlements (Net)	122,197
Balance, End of Year	$ 1,656,363
Unrealized Gain	$ 75,000

Quantitative Information about Significant Unobservable Inputs used in Level 3 Fair Value Measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

	Fair Value at December 31, 2014	Valuation Technique	Unobservable Input	Range (Weighted Average)
Insurance Company, General Account	$ 1,387,085	Assumed Proceeds at Discontinuance	Composite Crediting Rate	2.00%
			Surrender Charge	5%

9 Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively.

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Applicable)	Redemption Notice Period
Pooled Separate Accounts, Mutual Funds	$ 34,124,392	N/A	Daily	Daily
Pooled Separate Account, Real Estate	760,974	N/A	Daily	Daily
	$ 34,885,366			

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Applicable)	Redemption Notice Period
Pooled Separate Accounts, Mutual Funds	$ 31,825,177	N/A	Daily	Daily
Pooled Separate Account, Real Estate	622,058	N/A	Daily	Daily
	$ 32,447,235			

10 Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by The Principal. The Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net increase in fair value of investments.

11 Change in Classification

Certain income and expense items from 2013 have been restated to conform with 2014 classifications.

12 Subsequent Events

Subsequent events have been evaluated through August 5, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 84-0577348
Plan #: 002

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
*	Principal Life Insurance Co.	Insurance Company General, Principal Fixed Income 401(a)/(k) Cont Value	n/a	$ 1,387,085
		Pooled Separate Accounts-Principal		
*	Principal Life Insurance Co.	Equity Income SA-R6	n/a	628,891
*	Principal Life Insurance Co.	Large Cap S&P 500 Index	n/a	1,289,203
*	Principal Life Insurance Co.	Lifetime 2010	n/a	760,864
*	Principal Life Insurance Co.	Lifetime 2020	n/a	6,502,722
*	Principal Life Insurance Co.	Lifetime 2030	n/a	8,667,403
*	Principal Life Insurance Co.	Lifetime 2040	n/a	11,498,979
*	Principal Life Insurance Co.	Lifetime 2050	n/a	3,358,323
*	Principal Life Insurance Co.	Lifetime Strategic Income	n/a	256,791
*	Principal Life Insurance Co.	Money Market	n/a	109,338
*	Principal Life Insurance Co.	PTR Mid Cap Value I	n/a	1,051,878
*	Principal Life Insurance Co.	Real Estate Securities	n/a	242,303
*	Principal Life Insurance Co.	US Property	n/a	518,671
	The American Funds	Registered Investment Company-AM Funds Growth Fund of America	n/a	1,144,859
		Registered Investment Company		
	Fidelity Investments	Fidelity Adv Small Cap A	n/a	724,942
	Oakmark	Oakmark Equity & Income I	n/a	1,369,699
	Oppenheimer	Oppenheimer Developing Markets	n/a	682,777
	PIMCO Funds	Pimco Real Return Institutional	n/a	528,208
	PIMCO Funds	Pimco Total Return Institutional	n/a	1,098,501
	T Rowe Price	T Rowe Price Int'l Growth & Income	n/a	887,698
	Wells Fargo Advantage	Wells Fargo Adv LGCPGR A Fund	n/a	749,356
	Activision Blizzard	Corporate Stock-Common	n/a	7,455
	Alibaba Group Holding, Ltd.	Corporate Stock-Common	n/a	10,394
	Amazon.com Inc.	Corporate Stock-Common	n/a	6,207
	Apple Computer, Inc.	Corporate Stock-Common	n/a	24,284
	Array Biopharma	Corporate Stock-Common	n/a	4,730
	Baidu Inc.	Corporate Stock-Common	n/a	11,398
	Banco LatinoAmericano	Corporate Stock-Common	n/a	6,923
	Bank of America Corporation	Corporate Stock-Common	n/a	7,156
	Berkshire Hathaway	Corporate Stock-Common	n/a	8,709
	Bionovo	Corporate Stock-Common	n/a	1

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Bridgeport Education, Inc.	Corporate Stock-Common	n/a	$ 7,743
	ConocoPhillips	Corporate Stock-Common	n/a	23,688
	Costco Wholesale Corp.	Corporate Stock-Common	n/a	5,103
	CTI Biopharma Corp.	Corporate Stock-Common	n/a	1,966
	Cyclacel Pharmaceuticals	Corporate Stock-Common	n/a	899
	Devon Energy Corporation	Corporate Stock-Common	n/a	11,018
	El Pollo Loco Hldgs. Inc.	Corporate Stock-Common	n/a	1,997
	Emerson Electric Company	Corporate Stock-Common	n/a	22,285
	Facebook Inc.	Corporate Stock-Common	n/a	35,889
	FirstMerit Corporation	Corporate Stock-Common	n/a	12,940
	Flagstar Bancorp Inc.	Corporate Stock-Common	n/a	4,719
	Ford Motor Company	Corporate Stock-Common	n/a	3,100
	Google, Inc. Class A	Corporate Stock-Common	n/a	1,592
	Google, Inc. Class C	Corporate Stock-Common	n/a	4,211
	Infinera Corporation	Corporate Stock-Common	n/a	8,832
	Inovio Biomedical Corp.	Corporate Stock-Common	n/a	155,702
	Intel Corporation	Corporate Stock-Common	n/a	9,072
	InvenSense Inc.	Corporate Stock-Common	n/a	9,756
	IPG Photonics Corporation	Corporate Stock-Common	n/a	20,603
	Kewaunee Scientific Corp	Corporate Stock-Common	n/a	5,340
	Leapfrog Enterprises	Corporate Stock-Common	n/a	7,458
	LinkedIn Corporation	Corporate Stock-Common	n/a	20,674
	Lumber Liquidators	Corporate Stock-Common	n/a	10,610
	Markel Corporation	Corporate Stock-Common	n/a	10,925
	Microsoft Corporation	Corporate Stock-Common	n/a	6,875
	Oncolytics Biotech Inc.	Corporate Stock-Common	n/a	1,060
	PotashCorp Sask Inc.	Corporate Stock-Common	n/a	11,656
	Powershares QQQ TR	Corporate Stock-Common	n/a	66,286
	Repros Therapeutics Inc.	Corporate Stock-Common	n/a	7,477
	Retail Opport Investment	Corporate Stock-Common	n/a	6,296
	Stemcells, Inc.	Corporate Stock-Common	n/a	94
	Stryker Corporation	Corporate Stock-Common	n/a	28,299
	Tesla Motors Inc.	Corporate Stock-Common	n/a	2,224
	Tile Shop Holdings	Corporate Stock-Common	n/a	11,100
	TIM Technologies	Corporate Stock-Common	n/a	90
	Twitter Inc.	Corporate Stock-Common	n/a	3,587
	Vericel Corporate Comm.	Corporate Stock-Common	n/a	724
	Wells Fargo & Company	Corporate Stock-Common	n/a	28,397

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Whole Foods Market Inc.	Corporate Stock-Common	n/a	$ 7,059
	XOMA Limited	Corporate Stock-Common	n/a	765
	Yahoo! Inc.	Corporate Stock-Common	n/a	5,051
	Pershing LLC	Interest Bearing Cash-Cash Account	n/a	412
	American Century	Registered Investment Company-American Century Select Fund	n/a	12,634
	AMG Funds III	AMG Managers Bond Fund	n/a	4,121
	Artisan Funds	Artisan Mid Cap Value Fund	n/a	84
	Baron Select Funds	Baron Partners Fund	n/a	9,495
	BMO Funds Inc.	BMO Large-Cap Growth Fund	n/a	12,643
	Dodge & Cox Funds	Dodge & Cox International Fund	n/a	29,328
	Dodge & Cox Stock Fund	Dodge & Cox Stock Fund	n/a	68,957
	Federated Investors, Inc.	Federated Capital Reserves	n/a	236,445
	Federated MDT Stock	Federated MDT Stock Trust	n/a	13,292
	Fidelity Securities Fund	Fidelity Blue Chip Growth	n/a	25,985
	Fidelity	Fidelity Canada Fund	n/a	232
	Fidelity Investments	Fidelity Emerging Asia Fund	n/a	3,778
	Fidelity	Fidelity Emerging Markets	n/a	4,031
	Fidelity Investments	Fidelity Europe Fund	n/a	13,888
	Fidelity Investments	Fidelity Export & Multi-National Corp	n/a	180
	Fidelity Group	Fidelity Growth Strategies Fund	n/a	3,481
	Fidelity Investments	Fidelity Inflation Protected Bond	n/a	58
	Fidelity Investments	Fidelity Int'l Capital Appreciation	n/a	904
	Fidelity	Fidelity International Real Estate	n/a	176
	Fidelity Investments	Fidelity Latin America	n/a	722
	Fidelity Group	Fidelity Leveraged Company Stock	n/a	152,637
	Fidelity Investments	Fidelity Mortgage Securities Portfolio	n/a	831
	Fidelity Investments	Fidelity NASDAQ Composite Index	n/a	1,546
	Fidelity Investments	Fidelity Real Estate Income	n/a	4,538
	Fidelity Group	Fidelity Real Estate Invest Portfolio	n/a	3,799
	Fidelity Group	Fidelity Select Health Care	n/a	179,152
	Fidelity Group	Fidelity Select Technology Portfolio	n/a	31,112
	Harbor Fund	Harbor Small-Cap Value Investor Cl.	n/a	12,876
	Harris Assoc Investment Tr	Oakmark Select Fund Class I	n/a	54,595
	Marsico Investment Fund	Marsic Int'l Opportunities Fund	n/a	14,112
	Needham Funds Inc.	Needham Growth Fund	n/a	12,789
	Profunds	Biotechnology Ultrasector Profund	n/a	4,784
	Profunds	Semiconductor Ultrasector Profund	n/a	21,197

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity	Description of Investment	Cost	Current Value
	Primecap Odyssey Fund	Registered Investment Company- Primecap Odyssey Aggressive Grth	n/a	$ 47,364
	Prudential Calif Mun Fund	Royce Value Plus Fund	n/a	126
	Templeton	Templeton Developing Markets Trust	n/a	19,545
	Vanguard Group	Vanguard Small Cap Value Index	n/a	1,303,176
	Vanguard Group	Vanguard Mid Cap Growth Inv Fund	n/a	563,515
	Vanguard Horizon Funds	Vanguard Strategic Equity Fund	n/a	49,850
	Participant Loans	Various Loans with Interest Rates Ranging from 4.25% to 8.25%	n/a	1,422,371
				$ 48,469,671

*Denotes Party-In-Interest.

See accompanying notes to financial statements.

ISEC, INCORPORATED
401(k) SAVINGS PLAN

SCHEDULE OF DELINQUENT PARTICIPATION CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

EIN: 84-0577348
Plan #: 002

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Mark Here if Late Participant Loan Repayments are Included:	$ -	$ 30,210	$ -	$ -

See accompanying notes to financial statements.

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R4 Fund	$ 0.00	$ 1,144,858.95
	ACTIVISION BLIZZARD INC	Corporate Stock - Common ACTIVISION BLIZZARD INC COM	$ 0.00	$ 7,455.50
	ALIBABA GROUP HLDG LTD	Corporate Stock - Common ALIBABA GRP SHS ADR ISIN#US01609W1027	$ 0.00	$ 10,394.00
	AMAZON COM INC	Corporate Stock - Common AMAZON COM INC	$ 0.00	$ 6,207.00
	AMERICAN CENTY MUT FDS INC	Registered Investment Company AMERICAN CENTURY SELECT FUND	$ 0.00	$ 12,633.58
	AMG FDS III	Registered Investment Company AMG MANAGERS BOND FUND SERVICE CLASS	$ 0.00	$ 4,121.47
	APPLE INC	Corporate Stock - Common APPLE INC COM	$ 0.00	$ 24,283.60
	ARRAY BIOPHARMA INC	Corporate Stock - Common ARRAY BIOPHARMA INC COM	$ 0.00	$ 4,730.00
	ARTISAN PARTNERS FDS INC	Registered Investment Company ARTISAN MID-CAP VALUE FUND INVESTOR CLA$	$ 0.00	$ 84.42
	BAIDU INC	Corporate Stock - Common BAIDU COM INC SPONS ADR REPSTG ORD SHS C	$ 0.00	$ 11,398.50
	BANCO LATINAMERICANO	Corporate Stock - Common BANCO LATINAMERICANODE COMERCIO EXTERIOR	$ 0.00	$ 6,923.00
	BANK AMER CORP	Corporate Stock - Common BANK AMER CORP COM	$ 0.00	$ 7,156.00
	BARON SELECT FDS	Registered Investment Company BARON PARTNERS FUND	$ 0.00	$ 9,494.98
	BERKSHIRE HATHAWAY INC DEL	Corporate Stock - Common BERKSHIRE HATHAWAY INC DEL CL B NEW	$ 0.00	$ 8,708.70
	BIONOVO INC	Corporate Stock - Common BIONOVO INC COM NEW CHAPTER 7 10/26/12	$ 0.00	$ 0.59

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	PROFUNDS	Registered Investment Company BIOTECHNOLOGY ULTRASECTOR PROFUND (INVES	$ 0.00	$ 4,784.05
	BMO FDS INC	Registered Investment Company BMO LARGE-CAP GROWTH FUND CLASS Y	$ 0.00	$ 12,642.59
	BRIDGEPOINT ED INC	Corporate Stock - Common BRIDGEPOINT ED INC COM	$ 0.00	$ 7,742.88
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 412.01
	CONOCOPHILLIPS	Corporate Stock - Common CONOCOPHILLIPS COM	$ 0.00	$ 23,687.58
	COSTCO WHOLESALE CORP NEW	Corporate Stock - Common COSTCO WHOLESALE CORP NEW COM	$ 0.00	$ 5,103.00
	CTI BIOPHARMA CORP	Corporate Stock - Common CTI BIOPHARMA CORP COM	$ 0.00	$ 1,965.88
	CYCLACEL PHARMACEUTICALS INC	Corporate Stock - Common CYCLACEL PHARMACEUTICALS INC COM NEW	$ 0.00	$ 899.37
	DEVON ENERGY CORP NEW	Corporate Stock - Common DEVON ENERGY CORP NEW COM	$ 0.00	$ 11,017.80
	DODGE & COX FDS	Registered Investment Company DODGE & COX INTERNATIONAL FUND	$ 0.00	$ 29,327.59
	DODGE & COX STK FD	Registered Investment Company DODGE & COX STOCK FUND	$ 0.00	$ 68,957.50
	EL POLLO LOCO HLDGS INC	Corporate Stock - Common EL POLLO LOCO HLDGS INC COM	$ 0.00	$ 1,997.00
	EMERSON ELEC CO	Corporate Stock - Common EMERSON ELEC CO COM	$ 0.00	$ 22,284.53
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap I Fund	$ 0.00	$ 724,941.56
	FACEBOOK INC	Corporate Stock - Common FACEBOOK INC CL A	$ 0.00	$ 35,889.20

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 236,444.70
	FEDERATED MDT STK TR	Registered Investment Company FEDERATED MDT STOCK TRUST CLASS SS	$ 0.00	$ 13,292.41
	FIDELITY SECS FD	Registered Investment Company FIDELITY BLUE CHIP GROWTH FUND	$ 0.00	$ 25,984.69
	FIDELITY INVT TR	Registered Investment Company FIDELITY CANADA FUND	$ 0.00	$ 232.39
	FIDELITY INVT TR	Registered Investment Company FIDELITY EMERGING ASIA FUND	$ 0.00	$ 3,778.13
	FIDELITY INVT TR	Registered Investment Company FIDELITY EMERGING MARKETS FUND	$ 0.00	$ 4,030.87
	FIDELITY OVERSEAS FD	Registered Investment Company FIDELITY EUROPE FUND	$ 0.00	$ 13,887.74
	FIDELITY UN STR TR	Registered Investment Company FIDELITY EXPORT & MULTINATIONAL FUND	$ 0.00	$ 180.52
	FIDELITY MT VERNON STR TR	Registered Investment Company FIDELITY GROWTH STRATEGIES FUND	$ 0.00	$ 3,480.91
	FIDELITY SALEM STREET TRUST	Registered Investment Company FIDELITY INFLATION PROTECTED BOND FUND	$ 0.00	$ 58.48
	FIDELITY SECS FD	Registered Investment Company FIDELITY INTERNATIONAL REAL ESTATE FUND	$ 0.00	$ 175.60
	FIDELITY CONTRAFUND	Registered Investment Company FIDELITY INTL CAPITAL APPRECIATION FUND	$ 0.00	$ 904.20
	FIDELITY INVT TR	Registered Investment Company FIDELITY LATIN AMERICA FUND	$ 0.00	$ 721.50
	FIDELITY SECS FD	Registered Investment Company FIDELITY LEVERAGED COMPANY STOCK FUND	$ 0.00	$ 152,637.18
	FIDELITY INCOME FD	Registered Investment Company FIDELITY MORTGAGE SECURITIES FUND	$ 0.00	$ 831.00

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FIDELITY COMWLTH TR	Registered Investment Company FIDELITY NASDAQ COMPOSITE INDEX FUND	$ 0.00	$ 1,545.78
	FIDELITY SECS FD	Registered Investment Company FIDELITY REAL ESTATEINCOME FUND	$ 0.00	$ 4,538.10
	FIDELITY EQUITY INCOME FD	Registered Investment Company FIDELITY REAL ESTATEINVESTMENT PORTFOLIO	$ 0.00	$ 3,799.54
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT HEALTH CARE FUND	$ 0.00	$ 179,152.51
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT TECHNOLOGY PORTFOLIO FD	$ 0.00	$ 31,111.80
	FIRSTMERIT CORP	Corporate Stock - Common FIRSTMERIT CORP COM	$ 0.00	$ 12,939.65
	FLAGSTAR BANCORP INC	Corporate Stock - Common FLAGSTAR BANCORP INCCOM PAR$ 001	$ 0.00	$ 4,719.00
	FORD MTR CO DEL	Corporate Stock - Common FORD MOTOR CO DEL COM PAR	$ 0.00	$ 3,100.00
	GOOGLE INC	Corporate Stock - Common GOOGLE INC CL A	$ 0.00	$ 1,591.98
	GOOGLE INC	Corporate Stock - Common GOOGLE INC CL C	$ 0.00	$ 4,211.20
	HARBOR FD	Registered Investment Company HARBOR SMALL-CAP VALUE FUND INVESTOR CLA	$ 0.00	$ 12,876.10
	INFINERA CORP	Corporate Stock - Common INFINERA CORP COM	$ 0.00	$ 8,832.00
	INOVIO PHARMACEUTICALS INC	Corporate Stock - Common INOVIO PHARMACEUTICALS INC COM NEW	$ 0.00	$ 155,701.98
	INTEL CORP	Corporate Stock - Common INTEL CORP COM	$ 0.00	$ 9,072.50
	INVENSENSE INC	Corporate Stock - Common INVENSENSE INC COM	$ 0.00	$ 9,756.00

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	IPG PHOTONICS CORP	Corporate Stock - Common IPG PHOTONICS CORP COM	$ 0.00	$ 20,603.00
	KEWAUNEE SCIENTIFIC CORP	Corporate Stock - Common KEWAUNEE SCIENTIFIC CORP COM	$ 0.00	$ 5,340.00
	LEAPFROG ENTERPRISES INC	Corporate Stock - Common LEAPFROG ENTERPRISESINC CL A	$ 0.00	$ 7,457.60
	LINKEDIN CORP	Corporate Stock - Common LINKEDIN CORP CL A	$ 0.00	$ 20,673.90
	LUMBER LIQUIDATORS HLDGS INC	Corporate Stock - Common LUMBER LIQUIDATORS HLDGS INC COM	$ 0.00	$ 10,609.60
	MARKEL CORP	Corporate Stock - Common MARKEL CORP COM	$ 0.00	$ 10,925.44
	MARSICO INVT FD	Registered Investment Company MARSICO INTERNATIONAL OPPORTUNITIES FUND	$ 0.00	$ 14,111.55
	MICROSOFT CORP	Corporate Stock - Common MICROSOFT CORP COM	$ 0.00	$ 6,874.60
	NEEDHAM FDS INC	Registered Investment Company NEEDHAM GROWTH FUND	$ 0.00	$ 12,789.15
	Oakmark	Registered Investment Company Oakmark Equity & Income I Fund	$ 0.00	$ 1,369,699.37
	Oppenheimer	Registered Investment Company Oppenheimer Dev Mkts Y Fund	$ 0.00	$ 682,776.73
	ONCOLYTICS BIOTECH INC	Corporate Stock - Common ONCOLYTICS BIOTECH INC COM ISIN#CA682310	$ 0.00	$ 1,060.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Equity Income SA-R6	$ 0.00	$ 628,890.93
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income 401(a)/(k)	$ 0.00	$ 1,387,084.51
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-I3	$ 0.00	$ 1,289,202.89

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm Str Inc SA-I2	$ 0.00	$ 256,790.72
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2010 Sep Acct-I2	$ 0.00	$ 760,863.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2020 Sep Acct-I2	$ 0.00	$ 6,502,721.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2030 Sep Acct-I2	$ 0.00	$ 8,667,402.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2040 Sep Acct-I2	$ 0.00	$ 11,498,979.43
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTm 2050 Sep Acct-I2	$ 0.00	$ 3,358,323.04
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 1,051,877.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	$ 0.00	$ 109,338.65
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-R6	$ 0.00	$ 242,303.26
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	$ 0.00	$ 518,671.03
	PIMCO Funds	Registered Investment Company PIMCO REAL RETURN INSTL FUND	$ 0.00	$ 528,207.60
	PIMCO Funds	Registered Investment Company PIMCO TOTAL RETURN INSTL FUND	$ 0.00	$ 1,098,501.08
	POTASH CORP SASK INC	Corporate Stock - Common POTASH CORP OF SASKATCHEWAN INC COM ISIN	$ 0.00	$ 11,655.60
	POWERSHARES QQQ TR	Corporate Stock - Common POWERSHARES QQQ TR UNIT SER 1	$ 0.00	$ 66,286.50
	PRIMECAP ODYSSEY FDS	Registered Investment Company PRIMECAP ODYSSEY AGGRESSIVE GROWTH FUND	$ 0.00	$ 47,364.08

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	REPROS THERAPEUTICS INC	Corporate Stock - Common REPROS THERAPEUTICS INC COM NEW	$ 0.00	$ 7,477.50
	RETAIL OPPORTUNITY INVTS CORP	Corporate Stock - Common RETAIL OPPORTUNITY INVTS CORP COM	$ 0.00	$ 6,296.25
	PRUDENTIAL CALIF MUN FD	Registered Investment Company ROYCE VALUE PLUS FUND SERVICE CLASS	$ 0.00	$ 125.95
	PROFUNDS	Registered Investment Company SEMICONDUCTOR ULTRASECTOR PROFUND (INVES	$ 0.00	$ 21,196.72
	STEMCELLS INC	Corporate Stock - Common STEMCELLS INC COM NEW	$ 0.00	$ 93.90
	STRYKER CORP	Corporate Stock - Common STRYKER CORP	$ 0.00	$ 28,299.00
	T. Rowe Price Funds	Registered Investment Company T. R Price Intl Grth&Inc Ad Fd	$ 0.00	$ 887,698.45
	TEMPLETON DEVELOPING MKTS TR	Registered Investment Company TEMPLETON DEVELOPINGMARKETS TRUST FUND C	$ 0.00	$ 19,545.32
	TESLA MTRS INC	Corporate Stock - Common TESLA MTRS INC COM	$ 0.00	$ 2,224.10
	HARRIS ASSOC INVT TR	Registered Investment Company THE OAKMARK SELECT FUND CLASS I	$ 0.00	$ 54,594.68
	TILE SHOP HLDGS INC	Corporate Stock - Common TILE SHOP HLDGS INC COM	$ 0.00	$ 11,100.00
	TTM TECHNOLOGIES INC	Corporate Stock - Common TTM TECHNOLOGIES INCCOM	$ 0.00	$ 90.36
	TWITTER INC	Corporate Stock - Common TWITTER INC COM	$ 0.00	$ 3,587.00
	Vanguard Group	Registered Investment Company Vanguard Sm Cap Val Idx Adm Fd	$ 0.00	$ 1,303,176.40
	Vanguard Group	Registered Investment Company VANGUARD MID CAP GROWTH INV FD	$ 0.00	$ 563,515.08

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

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

ISEC, INC. 401(K) SAVINGS PLAN

EIN 84 0577348
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VANGUARD HORIZON FDS	Registered Investment Company VANGUARD STRATEGIC EQUITY FUND	$ 0.00	$ 49,849.71
	VERICEL CORP	Corporate Stock - Common VERICEL CORP COM	$ 0.00	$ 723.52
	Wells Fargo	Registered Investment Company Well Far Adtg LgCpGr A Fund	$ 0.00	$ 749,356.32
	WELLS FARGO & CO NEW	Corporate Stock - Common WELLS FARGO & CO NEW COM	$ 0.00	$ 28,396.76
	WHOLE FOODS MKT INC	Corporate Stock - Common WHOLE FOODS MKT INC COM	$ 0.00	$ 7,058.80
	XOMA CORP DEL	Corporate Stock - Common XOMA CORP DEL COM	$ 0.00	$ 764.67
	YAHOO INC	Corporate Stock - Common YAHOO INC COM	$ 0.00	$ 5,051.00
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 8.25%	$ 0.00	$ 1,422,371.00

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