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
ABATTI COMPANIES 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

2015 SILSBEE RD
EL CENTRO, CA 92243

2b Employer Identification Number (EIN)
33-0641895

2c Plan Sponsor's telephone number
760-482-9430

2d Business code (see instructions)
111900

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.	09/11/2015	TIM CASTELLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2015	TIM CASTELLI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.
ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	243
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)**	255
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	239
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	241
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	241
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	31
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[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
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

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

1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0145825	60895	G37347	31	02/01/2014	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
6549	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

MICHAEL COLLINS
353 E PARK AVE STE 201
EL CAJON, CA 92020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3929	0	N/A	3

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

JASON VEIRS
353 E PARK AVE STE 201
EL CAJON, CA 92020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2620	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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	115690
5	Current value of plan's interest under this contract in separate accounts at year end	5	541241

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1193		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	114881		
	▶ TRANSFER FROM OUTSIDE SOURCE				
	(6)Total additions			7c(6)	116074
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	116074
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	116		
	(2) Administration charge made by carrier	7e(2)	268		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	384
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	115690

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
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

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

TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	998755-000	0	01/01/2014	05/05/2014

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
692	128

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

EL CAJON INSURANCE AGENCY INC

MICHAEL GERALD COLLINS
353 E PARK AVE STE 201
EL CAJON, CA 92020-3944

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
692			3

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

NATIONAL RETIREMENT SERVICES INC.

5832 BOLSA AVE
SUITE 100
HUNTINGTON BEACH, CA 92649

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	128		5

(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 ▶

b	Balance at the end of the previous year			**7b**	93522
c	Additions: (1) Contributions deposited during the year	**7c(1)**	21390		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	489		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	21879
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	115401
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**	520		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶ SURRENDER	**7e(4)**	114881		
	(5) Total deductions			**7e(5)**	115401
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
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

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

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

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

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

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

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

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

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

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

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64 52 59 60 63 66 67	NONE	881	Yes [X] No [ ]	Yes [ ] No [X]	3661	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	3661

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LEGG MASON 52-1200960	REVENUE SHARING FORMULA - SEE ATTACHED

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0145825-000	P	541241

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

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

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)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RET

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL SHARES INV OPT

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN LARGE CAP VALUE IN

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE INDEX

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME R

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN MID CAP GROWTH OPPORTUNITIES

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MUNDER MID-CAP CORE GROWTH RET OPT

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET

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

c EIN-PN 39-0989781-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	396788	541241
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	93522	115690
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	490310	656931
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	490310	656931

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)	53919	
	(B) Participants	2a(1)(B)	103886	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		157805
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)	0	
	(F) Other	2b(1)(F)	1682	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1682
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		24597
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		184084
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16582	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16582
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)	881	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		881
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17463
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		166621
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HUTCHINSON AND BLOODGOOD LLP **(2)** EIN: 95-0858589

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		4003
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		70000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
ABATTI COMPANIES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL STAR SEED

D Employer Identification Number (EIN)
33-0641895

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Abatti Companies 401(k) Plan

FINANCIAL REPORT

December 31, 2014 and 2013

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	3 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 18
SUPPLEMENTAL SCHEDULE	19
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	20
Schedule H, line 4a - Delinquent Participant Contributions	21
Schedule H, line 4j - Schedule of Reportable Transactions	22

HUTCHINSON and BLOODGOOD LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

3205 South Dogwood Avenue
El Centro, CA 92243
t 760.352.1021 f 760.352.3325
www.hbllp.com

INDEPENDENT AUDITORS' REPORT

To the Administrator of
Abatti Companies 401(k) Plan
El Centro, California

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Life Insurance Company, the Custodian of the Plan from January 1, 2014 thorugh March 31, 2014 and American United Life Insurance Company, the Custodian of the Plan from April 1, 2014 through December 31, 2014, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodians held the Plan's assets and executed transactions. The Plan Administrator has obtained a certifications from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (continued)

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, schedule H, Line 4a - Delinquent Participant Contributions, and Schedule H, Line 4j - Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and is not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Hutchinson and Bloodgood LLP

El Centro, California
July 27, 2015

ABATTI COMPANIES 401(k) PLAN

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Group Annuity Contract	**$ 656,931**	$ 490,310
TOTAL ASSETS	**656,931**	490,310
LIABILITIES	**--**	--
NET ASSETS AVAILABLE FOR BENEFITS	**$ 656,931**	$ 490,310

See accompanying notes and independent auditors' report

ABATTI COMPANIES 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

ADDITIONS	**2014**	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments in:		
Group Annuity Contract	**$ 27,164**	$ 34,081
Interest income	**1,682**	1,084
	28,846	35,165
Contributions:		
Employer	**53,895**	39,386
Participant	**103,886**	68,922
Total contributions	**157,781**	108,308
Total additions	**186,627**	143,473
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	**16,582**	13,201
Administrative expenses	**3,424**	5,364
Total deductions	**20,006**	18,565
Net increase	**166,621**	124,908
NET ASSETS AVAILABLE FOR BENEFITS		
Net assets, beginning	**490,310**	365,402
Net assets, ending	**$ 656,931**	$ 490,310

See accompanying notes and independent auditors' report

Note 1. DESCRIPTION OF THE PLAN

The following description of the Abatti Companies 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all non-union, non-leased, and resident alien employees of All Star Seed, La Valle Sabbia, Inc. and Truck Lease (the Companies) who have completed three months of service and are age twenty-one or older. The Plan was originally adopted effective January 1, 2007 as a defined contribution plan and is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Star Seed acts as the Plan's administrator and discretionary trustee of the Plan. The Plan was amended and restated April 1, 2014. The Plan's current custodian and record keeper is American United Life Insurance Company (AUL) which served as custodian and record keeper from April 1, 2014 through December 31, 2014. Transamerica Life Insurance Company, served as custodian and record keeper from January 1, 2014 through March 31, 2014.

Contributions: Eligible employees may elect to make Pre-Tax 401(k) Contributions as defined in the Plan. The Companies make matching contributions equal to 100% of the employees contributions that do not exceed 3% of the employee's compensation plus another contribution equal to 50% of the employees contributions between 3% and 5% of the employee's compensation. For the plan years 2014 and 2013 the Companies matching contribution was $53,895 and $39,386, respectively, allocated to all participants who were actively employed on December 31, 2014 and 2013. The maximum employee deferral permitted by the Internal Revenue Service for the years ended December 31, 2014 and 2013 was $17,500, respectively. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions up to $5,500 for the years ended December 31, 2014 and 2013. Each year, the Companies may make a discretionary profit sharing contribution to the Plan. For the plan years 2014 and 2013, there were no profit sharing contributions made by the Companies.

Participant contributions are recorded and remitted to the Custodian each bi-weekly payroll period and recorded in the year withheld from a participant's check.

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

Note 1. DESCRIPTION OF THE PLAN (Continued)

Vesting: Participants are immediately vested 100% in their voluntary contributions plus actual earnings thereon. Participants are also immediately vested 100% in the Companies matching contribution plus actual earnings. The following vesting schedule applies to the Companies' nonelective profit sharing contributions, if any:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Companies' profit sharing contribution amounts become 100% vested without regard to years of service.

Investment Options: Participants direct the investment of their contributions into various investment options offered by the Plan. All investment options are offered by American United Life Insurance Company under a group annuity contract. The group annuity contract offers investments choices in various separate accounts that invest in mutual funds and one investment option that invests in the general account of American United Life Insurance Company, called the AUL Fixed Account fund.

Payment of Benefits: On termination of employment due to reasons other than death, disability or normal retirement, the participant’s vested account balance is distributed in a lump sum if the vested account balance does not exceed $5,000, regardless of whether the participant consented to the distribution. If the participant's vested account balance exceeds $5,000, the participant may elect to receive a lump sum payment or defer the receipt of payment according to Plan provisions.

Upon termination of employment due to death, 100% of the participant's vested account balance will be used to provide a death benefit to the designated participant beneficiary.

Distributions prior to termination of employment are allowed upon either attaining age 59 1/2, incurring a disability or experiencing a financial hardship as defined by the Internal Revenue Code. Such withdrawals are subject to applicable excise and income taxes, and may only be made with the approval of the Plan Administrator.

Participant Loans: The Plan does not allow Participant loans.

Note 1. DESCRIPTION OF THE PLAN (Continued)

Forfeitures: Participants who are not 100% vested will forfeit the non-vested portion of the Companies discretionary profit sharing contribution upon termination of employment. Forfeitures may be used to pay plan expenses then offset the Companies' matching contribution obligation. There were no forfeitures included in the net assets available for benefits at December 31, 2014 and 2013.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results may differ from those estimates.

Accounting for Fully Benefit-Responsive Investments: 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 attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required, the Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment for the fully benefit responsive investment contracts. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The Plan's investments Contracts are valued at contract value which represents principal plus accrued interest thereon. There was no difference between fair value and contract value at December 31, 2014 and 2013.

Risks and Uncertainties: The Plan provides for various investment options in various mutual funds and other investment securities. Investment securities are exposed to various risks factors including, but not limited to, interest rates, market conditions, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition: The Plan's investments are stated 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 5 for discussion of fair value.

The Plan presents in the statements of changes in net assets the net appreciation in the fair value of its investments, which consists of the realized gains and losses and the unrealized appreciation of those investments.

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

Subsequent Events Review: Management has evaluated its December 31, 2014 and 2013 financial statements for subsequent events through July 27, 2015 , the date of issuance of the financial statements.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Except for Plan audit fees, payments for administrative expenses are made from the Plan's assets. Plan audit fees are paid by the Companies. Administrative expenses are generally allocated among the accounts of all participants in the Plan. These expenses are allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. There are certain other expenses that may be paid just from individual participant accounts. These are expenses that are specifically incurred by or attributable to individual participants.

Note 3. CERTIFIED FINANCIAL INFORMATION

The financial information included in the Plan’s financial statements as it relates to investment assets, investment transactions, investment income and the schedule of assets held at end of year have been derived from information certified as complete and accurate by American United Life Insurance Company, the custodian of the Plan from April 1, 2014 through December 31, 2014 and Transamerica Life Insurance Company, the Custodian of the Plan from January 1, 2014 through March 31, 2014. This information was not audited in accordance with the Plan Administrator's instructions and as permitted by Section 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Note 4. INVESTMENTS

The individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
Loomis Sayles Investment Grade Bond Ret. Opt.	**$ --**	$ 210,972
Transamerica Partners High Yield Bond Ret. Opt.	**--**	25,204
Transamerica Stable Value Option	**--**	93,522
Transamerica Partners Mid Value Ret. Opt.	**--**	45,383
AUL Fixed Account	**115,690**	--
Blackrck Lifepth Idx 2020 C195	**45,637**	--
Blackrck Lifepth Idx 2030 C195	**39,312**	--
Amercent Midcap Val A	**54,319**	--
Prudential Total Return Bond A	**229,597**	--
	$ 484,555	$ 375,081

During the years ended December 31, 2014 and 2013, the Plans investments in pooled separate accounts that invest in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $28,846 and $35,165, respectively.

Note 5. FAIR VALUE MEASUREMENTS

The fair value measurement topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification 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 are described below:

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.

Note 5. FAIR VALUE MEASUREMENTS (Continued)

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
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specific (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 level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Separate accounts - Amounts allocated to a variable investment account within an American United Life Insurance Company (AUL) separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the Contract. The value of each accumulation unit is published each business day. Each investment account is invested by AUL exclusively in shares of a specific mutual fund or other investment entities as directed by the contract holder and/or the participant.

Fixed Account - The account value is equal to the principal invested plus interest earned. Funds allocated to the Fixed Account are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. Funds allocated to the Fixed Account will earn interest at the higher of the rate guaranteed under the group annuity contract or the current rates established and declared in advance by AUL. The Fixed Account is not a stable value fund invested in guaranteed investment contracts (GICs). The AUL general account is invested in a conservatively managed, well diversified portfolio consisting predominately of fixed-income investments (bonds, mortgages, and private placement) where the objective is to maximize long-term, risk-adjusted returns.

Note 5. FAIR VALUE MEASUREMENTS (Continued)

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

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

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Group Annuity Contract				
Target date funds	$ --	$ 148,437	$ --	$ 148,437
Large-cap funds	--	47,662	--	47,662
Mid-cap funds	--	57,747	--	57,747
Small-cap funds	--	22,450	--	22,450
Bond fund	--	256,020	--	256,020
International	--	6,917	--	6,917
Hybrid - stocks and bonds	--	2,008	--	2,008
AUL Fixed Account	--	115,690	--	115,690
Total assets at fair value	$ --	$ 656,931	$ --	$ 656,931

Note 5. FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Group Annuity Contract				
Target date funds	$ 39,350	$ --	$ --	$ 39,350
Large-cap funds	32,164	447	--	32,611
Mid-cap funds	2,624	45,383	--	48,007
Small-cap funds	--	22,958	--	22,958
Bond fund	--	236,175	--	236,175
International	6,529	--	--	6,529
Hybrid - stocks and bonds	--	1,684	--	1,684
Other funds	9,474	--	--	9,474
Tranamerica Stable Value Option Fund	--	93,522	--	93,522
Total assets at fair value	$ 90,141	$ 400,169	$ --	$ 490,310

Note 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in an unallocated insurance contract with American United Life Insurance Company in the Group Annuity Contract. As discussed in Note 1, the Group Annuity Contract is included in the statements of net assets available for benefits at contract value which equals fair value.

Because the Fixed Account Option investment choice available under the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for those funds invested in the Fixed Account Option investment choice. The Fixed Account Option investment choice has no stated maturity. Interest rates are reset quarterly; at least 10 days in advance of each calendar quarter, American United Life Insurance Company will declare a Guaranteed Rate for the Interest Pocket for that quarter. All Contributions or transfers hereunder which are allocated to the Fixed Account Option during that quarter will earn interest at that Guaranteed Rate until that quarterly pocket matures on the second January 1 following the quarter in which that pocket was established. Contract value, as reported to the Plan by American United Life Insurance Company, represents contributions, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Since the Fixed Account Option investment choice is an obligation of American United Life Insurance Company, the occurrence of an event that limits the ability of the investment to transact at contract value with American United Life Insurance Company and participants holding the investment is not probable. The Fixed Option is backed by American United Life Insurance Company's general account.

In the event that the Plan terminates its contract with American United Life Insurance Company, the Plan has the option of (1) a lump-sum aggregate withdrawal value of all participant accounts, plus or minus any FIA Market Value Adjustment. (2) the aggregate FIA withdrawal value of all participant accounts paid to you in 6 equal annual installments. (3) transfer the aggregate account value of all participant accounts, or permit a participant to transfer his account value, to any group annuity contract which has a withdrawal charge. Plan assets held in the group annuity contract and mutual funds held within pooled separate accounts will be transferred on the termination effective date.

The average yield on the Fixed Account Option fund was:

Years ended December 31,	**2014**	2013
Based on actual earnings	**1.60%**	1.45%
Based on interest rate credited to participants	**1.60%**	1.45%

Note 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments at December 31, 2014 are in funds managed by American United Life Insurance Company, the Plan's custodian and record keeper. Prior to April 1, 2014, the plan assets were invested in mutual funds managed by Transamerica, the former custodian and record keeper of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA. For the years ended December 31, 2014 and 2013, $157,781 and $108,308 was contributed and $16,582 and $13,201 was withdrawn from these funds, respectively.

Note 8. FEDERAL INCOME TAX-EXEMPT STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and is not subject to tax. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes is required to be included in the Plan's financial statements.

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

Note 9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have the right under the plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 10. NONEXEMPT TRANSACTIONS

During 2014, the Plan sponsor inadvertently failed to deposit $4,003 of participant deferrals within the required timeframe as stated by the United States Department of Labor (DOL) regulations. The Plan sponsor intends to reimburse the plan for lost interest. Plan management has acknowledged the error and has self-corrected as of December 31, 2014 and therefore a contribution receivable was not necessary.

Note 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements and Form 5500 as of December 31, 2014 and 2013:

	2014	2013
Net assets per financial statements	**$ 656,931**	$ 490,310
Per Form 5500	**$ 656,931**	$ 490,310

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the years ended December 31, 2014 and 2013 to Form 5500.

	2014	2013
Net change in net assets available for benefits	**$ 166,621**	$ 124,908
Change in participant contributions receivable	**--**	6,381
Change in employer contributions receivable	**--**	5,043
Net increase per Form 5500	**$ 166,621**	$ 136,332

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2014 and 2013 to Schedule H of Form 5500:

	2014	2013
Benefit distributions per financial statements	**$ 16,582**	$ 13,201
Change in refundable excess deferrals	**--**	--
Benefit distributions per Form 5500	**$ 16,582**	$ 13,201

Note 12. SUBSEQUENT EVENTS

Effective January 1, 2015, the plan was materially modified to exclude highly compensated employees, key employees and hourly-paid employees from the eligible employees. Partial withdrawals of installments are only permitted for required minimum distribution under Code Section 410(a)(9). Participants may modify salary deferral elections as of each payroll period. Management has detemined that no additional items require recognition or disclosure.

SUPPLEMENTAL SCHEDULES

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 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
*	American United Life	Fixed Account	**	$ 115,690
*	American Funds New Perspective R3	International Value	**	6,917
*	American Funds Fundamental Invs R3	Large-Cap Stocks	**	2,494
*	Invesco Diversified Dv A	Large-Cap Stocks	**	8,480
*	Clearbridge Agg Growth R	Large-Cap Stocks	**	9,901
*	SSgA S&P 500 Indx I	Large-Cap Stocks	**	26,787
*	Calvert VP Sri Midcap Grth Prt	Mid-Cap Stocks	**	3,428
*	Amercent Midcap Val A	Mid-Cap Stocks	**	54,319
*	Franklin Smcap Val R	Small-Cap Stocks	**	22,450
*	Prudential High-Yield A	High Yield Bonds	**	26,423
*	Prudential Total Return Bond A	Intermediate-Term Bonds	**	229,597
*	American Funds Balanced Portfolio R3	Hybrid - Balanced	**	2,008
*	BlackRock LifePath Index Retire	Target Retirement	**	19,869
*	BlackRock LifePath Index	Target Retirement 2020	**	45,637
*	BlackRock LifePath Index	Target Retirement 2025	**	11,767
*	BlackRock LifePath Index	Target Retirement 2030	**	39,312
*	BlackRock LifePath Index	Target Retirement 2035	**	7,060
*	BlackRock LifePath Index	Target Retirement 2040	**	7,792
*	BlackRock LifePath Index	Target Retirement 2045	**	10,316
*	BlackRock LifePath Index	Target Retirement 2050	**	6,684
				$ 656,931

* Party-in-interest transactions.
** Cost omitted in accordance with Department of Labor reporting requirements for participant-directed accounts.

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4a - DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2014

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP***	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under VFCP and PTE 2002-51****
$ 4,003	$ --	4,003	$ --	$ --

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Transamerica	Transamerica Partners Mid Value	$ --	$ 47,747	*	$ 47,747	$ --
Transamerica	Transamerica Partners High Yield Bond	--	27,730	*	27,730	--
Transamerica	Transamerica Stable Value Option	--	114,881	*	114,881	--
Transamerica	Loomis Sayles Investment Grade Bond	--	232,071	*	232,071	--
OneAmerica	Amercent Midcap Val A	47,747	--	*	47,747	--
OneAmerica	Prudential High-Yield A	27,730	--	*	27,730	--
OneAmerica	AUL Fixed Account	114,881	--	*	114,881	--
OneAmerica	Prudential Total Return Bond A	232,071	--	*	232,071	--

*Cost not provided by Custodian

Schedule C Attachment for Line Item 3(e)

Plan Name **G37347 ABATTI COMPANIES 401K PLAN**

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

EIN **33-0641895**

Revenue Sharing Formula:

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

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

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

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent MidCap Val A	0.60
AMERICAN FUNDS	AmerFds American Balanced R3	0.60
AMERICAN FUNDS	AmerFds Fdamental Invs R3	0.60
AMERICAN FUNDS	AmerFds New Perspective R3	0.60
BLACKROCK INC.	BlackRck Russell 2000Idx CL66	0.60
CALVERT INVESTMENTS	Calvert VP SRI MidCap Grth Prt	0.10
FRANKLIN TEMPLETON INVESTMENTS	Franklin SmCap Val R	0.65
INVESCO	Invesco Diversified Div A	0.50
LEGG MASON	ClearBridge Agg Growth R	0.75
Oak Ridge	Oak Ridge SmCap Grth A	0.60
PRUDENTIAL INVESTMENTS	Prudential High-Yield A	0.55
PRUDENTIAL INVESTMENTS	Prudential Total Return Bond A	0.55
STATE STREET GLOBAL ADVISORS	SSgA S&P MidCap 400 Indx A	0.62
STATE STREET GLOBAL ADVISORS	SSgA S&P 500 Indx I	0.60
STATE STREET GLOBAL ADVISORS	SSgA Intl Indx I	0.60
THORNBURG INVESTMENT MANAGEMENT	Thornburg Ltd-Term Inc R3	0.55
Wilmington Trust	BlackRck LifePth Idx 2015 CL95	0.60

Investment Company	Investment Portfolio	Annual Percentage
Wilmington Trust	BlackRck LifePth Idx 2020 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2025 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2030 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2035 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2040 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2045 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx 2050 CL95	0.60
Wilmington Trust	BlackRck LifePth Idx Ret CL95	0.60

Plan Type **1 401PS**

Abatti Companies 401(k) Plan

FINANCIAL REPORT

December 31, 2014 and 2013

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	3 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 18
SUPPLEMENTAL SCHEDULE	19
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	20
Schedule H, line 4a - Delinquent Participant Contributions	21
Schedule H, line 4j - Schedule of Reportable Transactions	22

HUTCHINSON and BLOODGOOD LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

3205 South Dogwood Avenue
El Centro, CA 92243
t 760.352.1021 f 760.352.3325
www.hbllp.com

INDEPENDENT AUDITORS' REPORT

To the Administrator of
Abatti Companies 401(k) Plan
El Centro, California

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Life Insurance Company, the Custodian of the Plan from January 1, 2014 thorugh March 31, 2014 and American United Life Insurance Company, the Custodian of the Plan from April 1, 2014 through December 31, 2014, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodians held the Plan's assets and executed transactions. The Plan Administrator has obtained a certifications from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT (continued)

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, schedule H, Line 4a - Delinquent Participant Contributions, and Schedule H, Line 4j - Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and is not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Hutchinson and Bloodgood LLP

El Centro, California
July 27, 2015

ABATTI COMPANIES 401(k) PLAN

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Group Annuity Contract	**$ 656,931**	$ 490,310
TOTAL ASSETS	**656,931**	490,310
LIABILITIES	**--**	--
NET ASSETS AVAILABLE FOR BENEFITS	**$ 656,931**	$ 490,310

See accompanying notes and independent auditors' report

ABATTI COMPANIES 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

ADDITIONS	**2014**	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments in:		
Group Annuity Contract	**$ 27,164**	$ 34,081
Interest income	**1,682**	1,084
	28,846	35,165
Contributions:		
Employer	**53,895**	39,386
Participant	**103,886**	68,922
Total contributions	**157,781**	108,308
Total additions	**186,627**	143,473
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	**16,582**	13,201
Administrative expenses	**3,424**	5,364
Total deductions	**20,006**	18,565
Net increase	**166,621**	124,908
NET ASSETS AVAILABLE FOR BENEFITS		
Net assets, beginning	**490,310**	365,402
Net assets, ending	**$ 656,931**	$ 490,310

See accompanying notes and independent auditors' report

Note 1. DESCRIPTION OF THE PLAN

The following description of the Abatti Companies 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all non-union, non-leased, and resident alien employees of All Star Seed, La Valle Sabbia, Inc. and Truck Lease (the Companies) who have completed three months of service and are age twenty-one or older. The Plan was originally adopted effective January 1, 2007 as a defined contribution plan and is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All Star Seed acts as the Plan's administrator and discretionary trustee of the Plan. The Plan was amended and restated April 1, 2014. The Plan's current custodian and record keeper is American United Life Insurance Company (AUL) which served as custodian and record keeper from April 1, 2014 through December 31, 2014. Transamerica Life Insurance Company, served as custodian and record keeper from January 1, 2014 through March 31, 2014.

Contributions: Eligible employees may elect to make Pre-Tax 401(k) Contributions as defined in the Plan. The Companies make matching contributions equal to 100% of the employees contributions that do not exceed 3% of the employee's compensation plus another contribution equal to 50% of the employees contributions between 3% and 5% of the employee's compensation. For the plan years 2014 and 2013 the Companies matching contribution was $53,895 and $39,386, respectively, allocated to all participants who were actively employed on December 31, 2014 and 2013. The maximum employee deferral permitted by the Internal Revenue Service for the years ended December 31, 2014 and 2013 was $17,500, respectively. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions up to $5,500 for the years ended December 31, 2014 and 2013. Each year, the Companies may make a discretionary profit sharing contribution to the Plan. For the plan years 2014 and 2013, there were no profit sharing contributions made by the Companies.

Participant contributions are recorded and remitted to the Custodian each bi-weekly payroll period and recorded in the year withheld from a participant's check.

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

Note 1. DESCRIPTION OF THE PLAN (Continued)

Vesting: Participants are immediately vested 100% in their voluntary contributions plus actual earnings thereon. Participants are also immediately vested 100% in the Companies matching contribution plus actual earnings. The following vesting schedule applies to the Companies' nonelective profit sharing contributions, if any:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Companies' profit sharing contribution amounts become 100% vested without regard to years of service.

Investment Options: Participants direct the investment of their contributions into various investment options offered by the Plan. All investment options are offered by American United Life Insurance Company under a group annuity contract. The group annuity contract offers investments choices in various separate accounts that invest in mutual funds and one investment option that invests in the general account of American United Life Insurance Company, called the AUL Fixed Account fund.

Payment of Benefits: On termination of employment due to reasons other than death, disability or normal retirement, the participant’s vested account balance is distributed in a lump sum if the vested account balance does not exceed $5,000, regardless of whether the participant consented to the distribution. If the participant's vested account balance exceeds $5,000, the participant may elect to receive a lump sum payment or defer the receipt of payment according to Plan provisions.

Upon termination of employment due to death, 100% of the participant's vested account balance will be used to provide a death benefit to the designated participant beneficiary.

Distributions prior to termination of employment are allowed upon either attaining age 59 1/2, incurring a disability or experiencing a financial hardship as defined by the Internal Revenue Code. Such withdrawals are subject to applicable excise and income taxes, and may only be made with the approval of the Plan Administrator.

Participant Loans: The Plan does not allow Participant loans.

Note 1. DESCRIPTION OF THE PLAN (Continued)

Forfeitures: Participants who are not 100% vested will forfeit the non-vested portion of the Companies discretionary profit sharing contribution upon termination of employment. Forfeitures may be used to pay plan expenses then offset the Companies' matching contribution obligation. There were no forfeitures included in the net assets available for benefits at December 31, 2014 and 2013.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results may differ from those estimates.

Accounting for Fully Benefit-Responsive Investments: 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 attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required, the Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment for the fully benefit responsive investment contracts. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The Plan's investments Contracts are valued at contract value which represents principal plus accrued interest thereon. There was no difference between fair value and contract value at December 31, 2014 and 2013.

Risks and Uncertainties: The Plan provides for various investment options in various mutual funds and other investment securities. Investment securities are exposed to various risks factors including, but not limited to, interest rates, market conditions, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition: The Plan's investments are stated 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 5 for discussion of fair value.

The Plan presents in the statements of changes in net assets the net appreciation in the fair value of its investments, which consists of the realized gains and losses and the unrealized appreciation of those investments.

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

Subsequent Events Review: Management has evaluated its December 31, 2014 and 2013 financial statements for subsequent events through July 27, 2015 , the date of issuance of the financial statements.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Except for Plan audit fees, payments for administrative expenses are made from the Plan's assets. Plan audit fees are paid by the Companies. Administrative expenses are generally allocated among the accounts of all participants in the Plan. These expenses are allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. There are certain other expenses that may be paid just from individual participant accounts. These are expenses that are specifically incurred by or attributable to individual participants.

Note 3. CERTIFIED FINANCIAL INFORMATION

The financial information included in the Plan’s financial statements as it relates to investment assets, investment transactions, investment income and the schedule of assets held at end of year have been derived from information certified as complete and accurate by American United Life Insurance Company, the custodian of the Plan from April 1, 2014 through December 31, 2014 and Transamerica Life Insurance Company, the Custodian of the Plan from January 1, 2014 through March 31, 2014. This information was not audited in accordance with the Plan Administrator's instructions and as permitted by Section 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Note 4. INVESTMENTS

The individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
Loomis Sayles Investment Grade Bond Ret. Opt.	**$ --**	$ 210,972
Transamerica Partners High Yield Bond Ret. Opt.	**--**	25,204
Transamerica Stable Value Option	**--**	93,522
Transamerica Partners Mid Value Ret. Opt.	**--**	45,383
AUL Fixed Account	**115,690**	--
Blackrck Lifepth Idx 2020 C195	**45,637**	--
Blackrck Lifepth Idx 2030 C195	**39,312**	--
Amercent Midcap Val A	**54,319**	--
Prudential Total Return Bond A	**229,597**	--
	$ 484,555	$ 375,081

During the years ended December 31, 2014 and 2013, the Plans investments in pooled separate accounts that invest in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $28,846 and $35,165, respectively.

Note 5. FAIR VALUE MEASUREMENTS

The fair value measurement topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification 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 are described below:

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.

Note 5. FAIR VALUE MEASUREMENTS (Continued)

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
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specific (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 level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Separate accounts - Amounts allocated to a variable investment account within an American United Life Insurance Company (AUL) separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the Contract. The value of each accumulation unit is published each business day. Each investment account is invested by AUL exclusively in shares of a specific mutual fund or other investment entities as directed by the contract holder and/or the participant.

Fixed Account - The account value is equal to the principal invested plus interest earned. Funds allocated to the Fixed Account are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. Funds allocated to the Fixed Account will earn interest at the higher of the rate guaranteed under the group annuity contract or the current rates established and declared in advance by AUL. The Fixed Account is not a stable value fund invested in guaranteed investment contracts (GICs). The AUL general account is invested in a conservatively managed, well diversified portfolio consisting predominately of fixed-income investments (bonds, mortgages, and private placement) where the objective is to maximize long-term, risk-adjusted returns.

Note 5. FAIR VALUE MEASUREMENTS (Continued)

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

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

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Group Annuity Contract				
Target date funds	$ --	$ 148,437	$ --	$ 148,437
Large-cap funds	--	47,662	--	47,662
Mid-cap funds	--	57,747	--	57,747
Small-cap funds	--	22,450	--	22,450
Bond fund	--	256,020	--	256,020
International	--	6,917	--	6,917
Hybrid - stocks and bonds	--	2,008	--	2,008
AUL Fixed Account	--	115,690	--	115,690
Total assets at fair value	$ --	$ 656,931	$ --	$ 656,931

Note 5. FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Group Annuity Contract				
Target date funds	$ 39,350	$ --	$ --	$ 39,350
Large-cap funds	32,164	447	--	32,611
Mid-cap funds	2,624	45,383	--	48,007
Small-cap funds	--	22,958	--	22,958
Bond fund	--	236,175	--	236,175
International	6,529	--	--	6,529
Hybrid - stocks and bonds	--	1,684	--	1,684
Other funds	9,474	--	--	9,474
Tranamerica Stable Value Option Fund	--	93,522	--	93,522
Total assets at fair value	$ 90,141	$ 400,169	$ --	$ 490,310

Note 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in an unallocated insurance contract with American United Life Insurance Company in the Group Annuity Contract. As discussed in Note 1, the Group Annuity Contract is included in the statements of net assets available for benefits at contract value which equals fair value.

Because the Fixed Account Option investment choice available under the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for those funds invested in the Fixed Account Option investment choice. The Fixed Account Option investment choice has no stated maturity. Interest rates are reset quarterly; at least 10 days in advance of each calendar quarter, American United Life Insurance Company will declare a Guaranteed Rate for the Interest Pocket for that quarter. All Contributions or transfers hereunder which are allocated to the Fixed Account Option during that quarter will earn interest at that Guaranteed Rate until that quarterly pocket matures on the second January 1 following the quarter in which that pocket was established. Contract value, as reported to the Plan by American United Life Insurance Company, represents contributions, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Since the Fixed Account Option investment choice is an obligation of American United Life Insurance Company, the occurrence of an event that limits the ability of the investment to transact at contract value with American United Life Insurance Company and participants holding the investment is not probable. The Fixed Option is backed by American United Life Insurance Company's general account.

In the event that the Plan terminates its contract with American United Life Insurance Company, the Plan has the option of (1) a lump-sum aggregate withdrawal value of all participant accounts, plus or minus any FIA Market Value Adjustment. (2) the aggregate FIA withdrawal value of all participant accounts paid to you in 6 equal annual installments. (3) transfer the aggregate account value of all participant accounts, or permit a participant to transfer his account value, to any group annuity contract which has a withdrawal charge. Plan assets held in the group annuity contract and mutual funds held within pooled separate accounts will be transferred on the termination effective date.

The average yield on the Fixed Account Option fund was:

Years ended December 31,	**2014**	2013
Based on actual earnings	**1.60%**	1.45%
Based on interest rate credited to participants	**1.60%**	1.45%

Note 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments at December 31, 2014 are in funds managed by American United Life Insurance Company, the Plan's custodian and record keeper. Prior to April 1, 2014, the plan assets were invested in mutual funds managed by Transamerica, the former custodian and record keeper of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA. For the years ended December 31, 2014 and 2013, $157,781 and $108,308 was contributed and $16,582 and $13,201 was withdrawn from these funds, respectively.

Note 8. FEDERAL INCOME TAX-EXEMPT STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and is not subject to tax. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes is required to be included in the Plan's financial statements.

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

Note 9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have the right under the plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 10. NONEXEMPT TRANSACTIONS

During 2014, the Plan sponsor inadvertently failed to deposit $4,003 of participant deferrals within the required timeframe as stated by the United States Department of Labor (DOL) regulations. The Plan sponsor intends to reimburse the plan for lost interest. Plan management has acknowledged the error and has self-corrected as of December 31, 2014 and therefore a contribution receivable was not necessary.

Note 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements and Form 5500 as of December 31, 2014 and 2013:

	2014	2013
Net assets per financial statements	**$ 656,931**	$ 490,310
Per Form 5500	**$ 656,931**	$ 490,310

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the years ended December 31, 2014 and 2013 to Form 5500.

	2014	2013
Net change in net assets available for benefits	**$ 166,621**	$ 124,908
Change in participant contributions receivable	**--**	6,381
Change in employer contributions receivable	**--**	5,043
Net increase per Form 5500	**$ 166,621**	$ 136,332

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2014 and 2013 to Schedule H of Form 5500:

	2014	2013
Benefit distributions per financial statements	**$ 16,582**	$ 13,201
Change in refundable excess deferrals	**--**	--
Benefit distributions per Form 5500	**$ 16,582**	$ 13,201

Note 12. SUBSEQUENT EVENTS

Effective January 1, 2015, the plan was materially modified to exclude highly compensated employees, key employees and hourly-paid employees from the eligible employees. Partial withdrawals of installments are only permitted for required minimum distribution under Code Section 410(a)(9). Participants may modify salary deferral elections as of each payroll period. Management has detemined that no additional items require recognition or disclosure.

SUPPLEMENTAL SCHEDULES

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 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
*	American United Life	Fixed Account	**	$ 115,690
*	American Funds New Perspective R3	International Value	**	6,917
*	American Funds Fundamental Invs R3	Large-Cap Stocks	**	2,494
*	Invesco Diversified Dv A	Large-Cap Stocks	**	8,480
*	Clearbridge Agg Growth R	Large-Cap Stocks	**	9,901
*	SSgA S&P 500 Indx I	Large-Cap Stocks	**	26,787
*	Calvert VP Sri Midcap Grth Prt	Mid-Cap Stocks	**	3,428
*	Amercent Midcap Val A	Mid-Cap Stocks	**	54,319
*	Franklin Smcap Val R	Small-Cap Stocks	**	22,450
*	Prudential High-Yield A	High Yield Bonds	**	26,423
*	Prudential Total Return Bond A	Intermediate-Term Bonds	**	229,597
*	American Funds Balanced Portfolio R3	Hybrid - Balanced	**	2,008
*	BlackRock LifePath Index Retire	Target Retirement	**	19,869
*	BlackRock LifePath Index	Target Retirement 2020	**	45,637
*	BlackRock LifePath Index	Target Retirement 2025	**	11,767
*	BlackRock LifePath Index	Target Retirement 2030	**	39,312
*	BlackRock LifePath Index	Target Retirement 2035	**	7,060
*	BlackRock LifePath Index	Target Retirement 2040	**	7,792
*	BlackRock LifePath Index	Target Retirement 2045	**	10,316
*	BlackRock LifePath Index	Target Retirement 2050	**	6,684
				$ 656,931

* Party-in-interest transactions.
** Cost omitted in accordance with Department of Labor reporting requirements for participant-directed accounts.

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4a - DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2014

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP***	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under VFCP and PTE 2002-51****
$ 4,003	$ --	4,003	$ --	$ --

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

ABATTI COMPANIES 401(k) PLAN
EIN: 33-0641895
PLAN NUMBER: 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Transamerica	Transamerica Partners Mid Value	$ --	$ 47,747	*	$ 47,747	$ --
Transamerica	Transamerica Partners High Yield Bond	--	27,730	*	27,730	--
Transamerica	Transamerica Stable Value Option	--	114,881	*	114,881	--
Transamerica	Loomis Sayles Investment Grade Bond	--	232,071	*	232,071	--
OneAmerica	Amercent Midcap Val A	47,747	--	*	47,747	--
OneAmerica	Prudential High-Yield A	27,730	--	*	27,730	--
OneAmerica	AUL Fixed Account	114,881	--	*	114,881	--
OneAmerica	Prudential Total Return Bond A	232,071	--	*	232,071	--

*Cost not provided by Custodian

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

Plan Name ABATTI COMPANIES 401K PLAN **EIN:** 33-0641895
Plan Sponsor's Name ALL STAR SEED **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN CENTURY INVESTMENTS	AMERCENT MIDCAP VAL A MUTUAL FUND SHARES	0	54,319
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R3 MUTUAL FUND SHARES	0	2,008
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	2,494
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3 MUTUAL FUND SHARES	0	6,917
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	115,690
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX RET CL95 MUTUAL FUND SHARES	0	19,869
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2020 CL95 MUTUAL FUND SHARES	0	45,637

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

Plan Name ABATTI COMPANIES 401K PLAN **EIN:** 33-0641895
Plan Sponsor's Name ALL STAR SEED **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2025 CL95 MUTUAL FUND SHARES	0	11,767
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2030 CL95 MUTUAL FUND SHARES	0	39,312
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2035 CL95 MUTUAL FUND SHARES	0	7,060
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2040 CL95 MUTUAL FUND SHARES	0	7,792
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2045 CL95 MUTUAL FUND SHARES	0	10,316
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2050 CL95 MUTUAL FUND SHARES	0	6,684
	CALVERT INVESTMENTS	CALVERT VP SRI MIDCAP GRTH PRT MUTUAL FUND SHARES	0	3,428

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

Plan Name ABATTI COMPANIES 401K PLAN **EIN:** 33-0641895
Plan Sponsor's Name ALL STAR SEED **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	LEGG MASON	CLEARBRIDGE AGG GROWTH R MUTUAL FUND SHARES	0	9,901
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN SMCAP VAL R MUTUAL FUND SHARES	0	22,450
	INVESCO	INVESCO DIVERSIFIED DIV A MUTUAL FUND SHARES	0	8,480
	PRUDENTIAL INVESTMENTS	PRUDENTIAL HIGH-YIELD A MUTUAL FUND SHARES	0	26,423
	PRUDENTIAL INVESTMENTS	PRUDENTIAL TOTAL RETURN BOND A MUTUAL FUND SHARES	0	229,597
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDX I MUTUAL FUND SHARES	0	26,787