# 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
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1998

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

3101 SKYWAY COURT
FREMONT, CA 94539

**2b** Employer Identification Number (EIN)
94-3263696

**2c** Plan Sponsor's telephone number
510-651-2454

**2d** Business code (see instructions)
334110

**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. | 10/07/2015 | JAMES T. SCHULTZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [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** | 1220 |
| **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)** | 1088 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 1381 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 89 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1470 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1470 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1365 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 46 |
| **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 2G 2J 2F 2T

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-3263696

**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

GREAT WEST LIFE AND ANNUITY 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 |
| 84-0467907 | 68322 | 336583-01 | 92 | 01/01/2014 | 12/31/2014 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 876 | 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

GREGORY PETERS

CETERA ADVISORS NETWORKS LLC
3730 MT. DIABLO BLVD., #220
LAFAYETTE, CA 94549

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 876 | | | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 264382 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 6303059 |

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 | 137546 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 48596 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 2545 | | |
| | (4) Transferred from separate account | 7c(4) | 73529 | | |
| | (5) Other (specify below) | 7c(5) | 30005 | | |
| | ▶ FORFEITURES | | | | |
| | (6)Total additions | | | 7c(6) | 154675 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 292221 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 18759 | | |
| | (2) Administration charge made by carrier | 7e(2) | -10642 | | |
| | (3) Transferred to separate account | 7e(3) | 19722 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 27839 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 264382 |

## 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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-3263696

## 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

GREAT-WEST LIFE & ANNUITY INS CO
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAG, CO 80111

| (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? |
|---|---|---|---|---|---|---|
| 64 | RECORD- KEEPER | 42847 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

CETERA ADVISOR NETWORKS LLC

200 N. SEPULVEDA BLVD., SUITE 1200
EL SEGUNDO, CA 90245-5670

| (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? |
|---|---|---|---|---|---|---|
| 55 | BROKER /ADVISOR | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 20149 | Yes [ ] No [X] |

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAG, CO 80111

| (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? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 439 | Yes [ ] No [X] | 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 |
|---|---|---|
| CETERA ADVISOR NETWORKS LLC | 55 | 20149 |

| **(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. |
|---|---|
| GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 | OTHER COMMISSIONS |

| **(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
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-3263696

**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: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2010 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 33213 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2015 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 8150 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2020 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 20366 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2025 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 189200 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2030 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 78224 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2035 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 122858 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2040 INSTL

| **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) |
|---|---|---|
| 84-0467907-001 | P | 457242 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2045 INSTL | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 101123 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2050 INSTL | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 132841 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): JPMORGAN SMARTRETIREMENT 2055 INSTL | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 47203 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): AMERICAN FUNDS NEW PERSPECTIVE R6 | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 115828 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): DFA EMERGING MARKETS I | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 77603 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): IVY ASSET STRATEGY I | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1599 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): MFS INTERNATIONAL NEW DISCOVERY A | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13677 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): OPPENHEIMER INTERNATIONAL GROWTH A | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14662 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): TEMPLETON INST FOREIGN EQUITY | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10207 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): TEMPLETON INSTL FOREIGN SMALLER CO SER A | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4021 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD FTSE ALL-WORLD EX-US INDEX INV | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14469 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY ADVISOR TECHNOLOGY I | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 60468 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY UTILITIES ADV | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 76774 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): PIMCO COMMODITY REAL RET STRAT INSTL | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6668 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): PRUDENTIAL FINANCIAL SERVICES FUND Z | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5354 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): T ROWE PRICE HEALTH SCIENCES | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 99196 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): VAN ECK INTL INVESTORS GOLD I | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 329 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD ENERGY ADM | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69921 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD REIT INDEX INV | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 118196 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD SMALL CAP INDEX ADM | | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 173310 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): NUVEEN MID CAP INDEX I | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105968 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD SELECTED VALUE INV | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49662 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): WELLS FARGO ADVANTAGE DISCOVERY R6 | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28076 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): SCHWAB TOTAL STOCK MARKET INDEX | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 436086 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): T. ROWE PRICE EQUITY INCOME FUND | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26375 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD GROWTH INDEX INV | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124946 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY GROWTH INV | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1692229 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY CNSRV GR INV | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210388 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY MODERATE GROWTH | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1094843 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO | | |
| **b** Name of sponsor of entity listed in (a): VANGUARD LIFESTRATEGY INCOME INV | | |
| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1241 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): AMERICAN CENTURY INFL-ADJ BOND INV

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1523 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): BLACKROCK HIGH YIELD BOND INSTL

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112909 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): LEGG MASON BW GLOBAL OPPS BD I

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49953 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): PIMCO INCOME INSTL

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE GNMA

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69948 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): VANGUARD SHORT-TERM FEDERAL ADM

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6473 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): VANGUARD SHORT-TERM INVESTMENT GRADE ADM

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16157 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE & ANNUITY INS CO

**b** Name of sponsor of entity listed in (a): KEY GUARANTEED PORTFOLIO FUND

| **c** EIN-PN 84-0467907-001 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223385 |
|---|---|---|

**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
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-3263696

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 110000 | 206000 |
| **(2)** Participant contributions | 1b(2) | 0 | 131 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 17444 | 40997 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 104999 | 125331 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 4355244 | 6303059 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 4587687 | 6675518 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 183 | 183 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 183 | 183 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 4587504 | 6675335 |

## 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) | 206000 | |
| | **(B)** Participants | 2a(1)(B) | 1367381 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 694402 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2267783 |
| **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) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 5237 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5237 |
| | **(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) | 369548 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 369548 |

| | | (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) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2642568 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 522125 | |
| **(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) | | 522125 |
| **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) | 32612 | |
| **(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) | | 32612 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 554737 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2087831 |
| **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: SENSIBA SAN FILIPPO LLP **(2)** EIN: 94-2370906

**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 | | 271 |
| **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 | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-3263696

## 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): 84-0467907

**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: 0.0% 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):

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**Financial Statements**
**December 31, 2014 and 2013**

**Together with**
**Independent Auditors' Report**

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

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December 31, 2014


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# INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Milestone Technologies, Inc. 401(K) Profit Sharing Plan

**Report on Financial Statements**

We were engaged to audit the accompanying financial statements of Milestone Technologies, Inc. 401(K) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

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

***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 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company USA and Great-West Trust Company, LLC, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained a certification from the custodians as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the Plan administrator by the custodians is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

San Mateo, California
October 1, 2015

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**Statement of Net Assets Available for Benefits**

| | December 31, | |
|---|---|---|
| | 2014 | 2013 |
| Assets | | |
| Cash | $ 40,997 | $ 17,444 |
| Investments, at fair value | 6,303,059 | 4,355,244 |
| Receivables: | | |
| Notes receivable from participants | 125,331 | 104,999 |
| Employee contribution | 131 | - |
| Employer non-elective contribution | 206,000 | 110,000 |
| Total assets | 6,675,518 | 4,587,687 |
| Accounts payable | 183 | 183 |
| Net assets available for benefits, at fair value | $ 6,675,335 | $ 4,587,504 |

The accompanying notes are an integral part of these financial statements

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**Statement of Changes in Net Assets Available for Benefits**

Year Ended December 31, 2014

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 159,702 |
| Dividends and interest | | 209,846 |
| Total investment income | | 369,548 |
| Contributions: | | |
| Participants | | 1,367,381 |
| Employer | | 206,000 |
| Rollovers | | 694,402 |
| Total contributions | | 2,267,783 |
| Other income: | | |
| Interest income on notes receivable from participants | | 5,237 |
| Total additions | | 2,642,568 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 522,125 |
| Other expenses | | 32,612 |
| Total deductions | | 554,737 |
| Net increase in net assets | | 2,087,831 |
| Net assets available for benefits: | | |
| Beginning of year | | 4,587,504 |
| End of year | $ | 6,675,335 |

The accompanying notes are an integral part of these financial statements

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

**Notes to Financial Statements**

December 31, 2014

## Note 1 - Description of Plan:

The following description of the Milestone Technologies, Inc. 401(K) Profit Sharing 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 was established by Milestone Technologies, Inc. (the "Company" or "Plan Sponsor") on January 1, 1998, restated on January 1, 2010, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company is the Plan administrator and retains the services of a third party to assist in the administration of the Plan. Through December 2, 2013, the Plan's custodian was John Hancock Life Insurance Company USA ("John Hancock"). Effective December 2, 2013 and through the current Plan year, the Plan's custodian was Great-West Trust Company, LLC ("Great-West"). During both 2014 and 2013, the Plan's third party administrator was Primark Benefits ("Primark").

Eligibility and coverage - Effective January 1, 2013, except for excluded employees, all employees of the Company are eligible to participate in the Plan upon reaching age 21. Participants may begin deferring a portion of their compensation into the Plan on the first day of each month following eligibility. Employees covered under a collective bargaining agreement, non-resident aliens, and leased employees are not eligible to participate in the Plan.

Employee contributions - Participants may elect to contribute up to 100% of their compensation subject to the maximum allowed under section 401(k) of the Internal Revenue Code. The annual limitation was $17,500 for 2014 and $23,000 for participants who are age 50 or older by the end of the year. Participants are also permitted to deposit into the Plan distributions received from other plans (rollovers).

Employer matching contributions - The Company may at its sole discretion make a basic matching contribution. There was no Company match for the year ended December 31, 2014. Additionally, the Company may make discretionary non-elective contributions to the Plan. Such discretionary Company contributions are allocated to each participant who is eligible for the Plan, allocated based on the ratio of each participant's compensation as a percentage of total compensation of all participants eligible to share. For the year ended December 31, 2014, the Company contributed $206,000. Contributions are subject to certain limitations.

**Note 1 - Description of Plan (continued):**

Participants' accounts - Each participant's account is credited with the participant's contribution and allocations of (1) the Company's contribution, and (2) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options - The Plan provides for investments to be directed by participants into a number of investment options held by the custodian. Participants may change their investment options daily. Upon enrollment in the Plan, a participant may direct employee contributions in to investment options consisting of mutual funds of varying risks and an investment contract. Earnings of each investment fund are allocated to participant's accounts in proportion to each participant's share of that fund.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's elective and non-elective contribution portion of their accounts is based on years of continuous service, subject to a four year graded schedule.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested balance. The loans are secured by the balance in the participant's account and bear interest at market financing rates, currently prime plus 1% (4.25% as of December 31, 2014). Loans terms range from one to five year, but may not exceed five years, except for loans used for a purchase of a primary residence, which may be repaid over a period of up to thirty years. Principal and interest are paid ratably through payroll deduction each pay period.

Payment of benefits - On termination of service due to normal retirement age, disability, death, or termination of employment, the entire balance in the participant's deferral account as well as the participant's vested balance in the Company's match and discretionary non-elective match may be distributed to the participant in a lump sum payment, installment payments, joint and survivor annuity, rolled over into another qualified plan, or left in the Plan (subject to minimum balance requirements). The Plan allows for automatic lump sum distributions of participant vested account balances that do not exceed $5,000.

As an active participant in the Plan, an employee may, upon attaining age 59 ½, request the distribution of his or her balance. In addition, a participant may apply for a hardship withdrawal, if he or she is experiencing an immediate and heavy financial need as defined by the specific criteria in the Plan document.

**Note 1 - Description of Plan (continued):**

Other expenses - Investment management and distribution fees are borne by participants. All other administrative costs of the Plan are paid by the Company.

Forfeited accounts - The Plan Sponsor may elect that all or any portion of the forfeiture account be allocated to all eligible participants who receive non-elective employer contributions. Subsequent to December 31, 2014, the forfeiture balance of approximately $41,000 was used to pay expenses related to the Plan.

**Note 2 - Summary of significant accounting policies:**

Basis of accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Contributions from participants are recorded when withheld from the participant. Benefit payments to participants are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and schedule. Actual results may differ from those estimates.

Investment valuation and income recognition - The investments in all of the funds, except the investment contract, are presented at fair value, based on the quoted market prices of the underlying securities within each fund as of December 31, 2014 and 2013. 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 on the measurement date. The investment contract is fully benefit-responsive and is reported at contract value, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments brought and sold as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan if attributable to a fully benefit-responsive investment contract. The contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

**Note 2 - Summary of significant accounting policies (continued):**

Fair value measurements - The Plan performs fair value measurements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*. Refer to Note 3 for the fair value measurement disclosures associated with the Plan's investments.

Net appreciation in fair value of investments - The earnings, expenses, realized gains or losses, and unrealized appreciation (depreciation) in registered investment companies and other investments are recorded in the accompanying financial statements as net appreciation in fair value of investments.

Subsequent events - The Plan has evaluated subsequent events through the date that the financial statements were available to be issued which is the date of the independent auditors' report.

Recent accounting pronouncements - In May 2015, the FASB issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2015-07). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under ASC 820. ASU 2015-07 is effective for the Plan retrospectively for the year ending December 31, 2016 with early adoption permitted. The Plan's managing committee is currently evaluating the impact of the pending adoption of ASU 2015-07 on the Plan's financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. In Section I, the amendment designates contract value as the only required measure for fully benefit-responsive investment contracts. In Section II, the amendment eliminates the requirement to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. The net appreciation or depreciation in investments for the period should be presented in the aggregate, but is no longer required to be disaggregated and disclosed by general type. The amendment also requires that investments (both participant-directed and nonparticipant-directed investments) of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Finally, in Section III, the amendment provides a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The ASU is effective for fiscal years beginning after December 15, 2015, should be applied retrospectively for all financial statements presented, and early application is permitted. The Plan is currently evaluating the impact of the adoption of the ASU on the financial statements.

**Note 3 - Fair value measurements:**

The Plan performs fair value measurement in accordance with ASC 820. ASC 820 defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. The accounting guidance for fair value measurement requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The fair value hierarchy is as follows:

- Level 1 - Quoted prices in active markets for identical assets or liabilities;

- Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

**Note 3 - Fair value measurements (continued):**

The following table represents the fair value hierarchy for the Plan's financial assets measured at fair market value on a recurring basis as of December 31, 2014 (Level 1, 2 and 3 inputs are defined above):

| | Fair Value Measurements Using Input Type | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Fund Accounts | | | | |
| Large-Cap | $ 2,279,636 | $ - | $ - | $ 2,279,636 |
| Balanced | 1,306,473 | - | - | 1,306,473 |
| Asset Allocation | 1,190,419 | - | - | 1,190,419 |
| Specialty | 436,906 | - | - | 436,906 |
| Bond | 257,159 | - | - | 257,159 |
| International | 252,066 | - | - | 252,066 |
| Mid-Cap | 183,706 | - | - | 183,706 |
| Small-Cap | 173,309 | - | - | 173,309 |
| Investment Contract Account | - | 223,385 | - | 223,385 |
| Total investments measured at fair value | $ 6,079,674 | $ 223,385 | $ - | $ 6,303,059 |

The following table represents the fair value hierarchy for the Plan's financial assets measured at fair market value on a recurring basis as of December 31, 2013:

| | Fair Value Measurements Using Input Type | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Fund Accounts | | | | |
| Other | $ 2,976,942 | $ - | $ - | $ 2,976,942 |
| Index Funds | 641,688 | - | - | 641,688 |
| Bond | 210,718 | - | - | 210,718 |
| International | 191,727 | - | - | 191,727 |
| Specialty | 132,889 | - | - | 132,889 |
| Mid-Cap | 64,530 | - | - | 64,530 |
| Large-Cap | 16,648 | - | - | 16,648 |
| Investment Contract Account | - | 120,102 | - | 120,102 |
| Total investments measured at fair value | $ 4,235,142 | $ 120,102 | $ - | $ 4,355,244 |

**Note 4 - Investments:**

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by John Hancock and Great-West, the custodians of the Plan, as complete and accurate, except for comparing such information to information included in the Plan's financial statements and supplemental schedule.

The following information included in the financial statements and supplemental schedule was provided by and certified by the Plan's custodians as complete and accurate for 2014 and 2013:

- Investments as shown in the Statement of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Notes receivable from participants as shown in the Statement of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Investment income and other income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year presented.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

| | 2014 | 2013 |
|---|---|---|
| Vanguard LifeStrategy Growth Inv | $ 1,692,229 | $ 1,453,541 |
| Vanguard LifeStrategy Moderate Growth | 1,094,843 | 867,885 |
| JPMorgan SmartRetirement 2040 Instl | 457,241 | Less than 5% |
| Schwab Total Stock Market Index | 436,086 | 299,043 |

For the year ended December 31, 2014, the Plan's investments, including investments purchased and sold, as well as held during the year, net appreciated in fair value from mutual funds by $159,702.

**Note 5 - Investment contract with insurance company:**

During the year ended December 31, 2014, a portion of the net assets available for benefits of the Plan was invested in an Investment Contract Account (the "ICA"). The ICA is a market value separate account annuity contract with a general investment account guarantee that provides a stated rate and insulates participants' accounts from daily fluctuations in the market. Under the terms of the ICA, participants may direct permitted withdrawal and transfer transactions of all or a portion of their balance in the ICA.

Yield analysis - The yield earned by the ICA at December 31, 2014 was 1.25%. This represents the annualized earnings of all of the investments in the ICA, including the earnings recorded on the underlying collective trust funds, divided by the fair value of all investments in the ICA at December 31, 2014.

**Note 6 - Party-in-interest transactions:**

At December 31, 2014 and 2013, the Plan held for investment approximately $223,000 and $120,000, respectively, in Great-West's investment contract. Great-West had custodial responsibility for investments held in investment accounts at December 31, 2014 and 2013.

**Note 7 - Plan termination:**

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

**Note 8 - Income tax status:**

The Plan obtained its latest opinion letter on July 8, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been included in the Plan's financial statements. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2011.

## Note 9 - Risks and uncertainties:

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

## Note 10 - Subsequent events:

Subsequent to December 31, 2014, the Company determined that participant salary deferral contributions were being miscalculated in that the Plan compensation used to calculate the contributions did not include bonuses and commissions as required by the Plan document. The Company is taking remedial action under the Internal Revenue Service ("IRS") Voluntary Correction Program ("VCP") to correct the matter through retroactive corrective distributions by the Plan Sponsor. The Company will list this failure and its correction in its application for a compliance statement in the IRS VCP. Subsequent to year end, the Company was going through the process of filing the VCP application with the IRS.

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

EIN 94-3263696

PLAN NUMBER 001

| (a) | Identity of Issue, Borrower, Lessor, or Similar Party (b) | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c) | Current Value (e) |
|---|---|---|---|
| | Vanguard LifeStrategy Growth Inv | Mutual Funds | $ 1,692,229 |
| | Vanguard LifeStrategy Moderate Growth | Mutual Funds | 1,094,843 |
| | JPMorgan SmartRetirement 2040 Instl | Mutual Funds | 457,241 |
| | Schwab Total Stock Market Index | Mutual Funds | 436,086 |
| * | Key Guaranteed Portfolio Fund | Investment Contract | 223,385 |
| | Vanguard LifeStrategy Conservative Growth Inv | Mutual Funds | 210,388 |
| | JPMorgan SmartRetirement 2025 Instl | Mutual Funds | 189,200 |
| | Vanguard Small Cap Index Admiral | Mutual Funds | 173,309 |
| | JPMorgan SmartRetirement 2050 Instl | Mutual Funds | 132,841 |
| | Vanguard Growth Index Inv | Mutual Funds | 124,946 |
| | JPMorgan SmartRetirement 2035 Instl | Mutual Funds | 122,858 |
| | Vanguard Reit Index Inv | Mutual Funds | 118,196 |
| | American Funds New Perspective R6 | Mutual Funds | 115,828 |
| | BlackRock High Yield Bond Instl | Mutual Funds | 112,909 |
| | Nuveen Mid Cap Index I | Mutual Funds | 105,968 |
| | JPMorgan SmartRetirement 2045 Instl | Mutual Funds | 101,123 |
| | T. Rowe Price Health Sciences | Mutual Funds | 99,196 |
| | JPMorgan SmartRetirement 2030 Instl | Mutual Funds | 78,224 |
| | DFA Emerging Markets I | Mutual Funds | 77,603 |
| | Franklin Utilities Adv | Mutual Funds | 76,774 |
| | T. Rowe Price GNMA | Mutual Funds | 69,948 |
| | Vanguard Energy ADM | Mutual Funds | 69,921 |
| | Fidelity Advisor Technology I | Mutual Funds | 60,468 |
| | Legg Mason BW Global Opps BD I | Mutual Funds | 49,953 |
| | Vanguard Selected Value Inv | Mutual Funds | 49,662 |
| | JPMorgan SmartRetirement 2055 Instl | Mutual Funds | 47,203 |
| | JPMorgan SmartRetirement Income Instl | Mutual Funds | 33,213 |
| | Wells Fargo Advantage Discovery R6 | Mutual Funds | 28,076 |
| | T. Rowe Price Equity Income Fund | Mutual Funds | 26,375 |
| | JPMorgan SmartRetirement 2020 Instl | Mutual Funds | 20,366 |
| | Vanguard Short-Term Investment-Grade Adm | Mutual Funds | 16,157 |
| | Oppenheimer International Growth Y | Mutual Funds | 14,662 |
| | Vanguard FTSE All-World ex-US Index Inv | Mutual Funds | 14,469 |
| | MFS International New Discovery A | Mutual Funds | 13,677 |
| | Templeton Inst Foreign Equity | Mutual Funds | 10,207 |
| | JPMorgan SmartRetirement 2015 Instl | Mutual Funds | 8,150 |
| | Pimco Commodity Real Ret Strat Instl | Mutual Funds | 6,668 |
| | Vanguard Short-Term Federal ADM | Mutual Funds | 6,473 |
| | Prudential Financial Services Fund Z | Mutual Funds | 5,354 |
| | Templeton Instl Foreign Smaller Co Ser A | Mutual Funds | 4,021 |
| | Ivy Asset Strategy I | Mutual Funds | 1,599 |
| | American Century Infl-Adj Bond Inv | Mutual Funds | 1,523 |
| | Vanguard LifeStrategy Income Inv | Mutual Funds | 1,242 |
| | Van Eck Intl Investors Gold I | Mutual Funds | 329 |
| | Pimco Income Instl | Mutual Funds | 196 |
| | Total investments at fair value | | $ 6,303,059 |
| | * Notes receivable from participants | 4.25%, Mature thru 2019 | $ 125,331 |

* A Party-In-Interest as defined by ERISA.

Column (d), cost, has been omitted as all investments are participant directed

| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110<br>1210-0089 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br>▶ Complete all entries in accordance with the instructions to the Form 5500. | 2014<br>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
☒ a single-employer plan; ☐ a DFE (specify) ____

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

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

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

**Part II Basic Plan Information**—enter all requested information

1a Name of plan
Milestone Technologies, Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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

3101 Skyway Court

Fremont CA 94539

2b Employer Identification Number (EIN) 94-3263696

2c Plan Sponsor's telephone number 510-651-2454

2d Business code (see instructions) 334110

**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 | X [signature] | 10/6/15 | Prem Chand |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | X [signature] | 10/6/15 | Prem Chand |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

# MILESTONE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

EIN 94-3263696

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