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
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

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

1519 INTERSTATE 30 WEST
GREENVILLE, TX 75402

2b Employer Identification Number (EIN)
27-1530354

2c Plan Sponsor's telephone number
903-453-0810

2d Business code (see instructions)
541990

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	WARREN B WEEKS
	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**	168
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)**	155
a(2) Total number of active participants at the end of the plan year	**6a(2)**	172
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INOVATION FIRST INTERNATIONAL

D Employer Identification Number (EIN)
27-1530354

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

PAYCHEX SECURITIES CORPORATION

16-1486352

(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)

PAYCHEX, INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	704	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 ☐

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
(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.	

(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

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(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 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
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INOVATION FIRST INTERNATIONAL

D Employer Identification Number (EIN)
27-1530354

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	180269	230748
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	20395	18993
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1778201	2773807
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	1978865	3023548
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1978865	3023548

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)	364055	
(B) Participants	2a(1)(B)	614262	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		978317
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	852	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		852
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	78366	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		78366
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		78016
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1135551
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	89600	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		89600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	300	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	968	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1268
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		90868
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1044683
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: CONWAY CPAS PC **(2)** EIN: 75-2737260

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		350000
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
INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INOVATION FIRST INTERNATIONAL

D Employer Identification Number (EIN)
27-1530354

Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

AUDIT FOR THE YEAR ENDED

DECEMBER 31, 2014

INNOVATION FIRST INTERNATIONAL 401(K)
PROFIT SHARING PLAN & TRUST
ANNUAL FINANCIAL STATEMENT
DECEMBER 31, 2014

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Texas Society of CPAs

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of
Innovation First International 401(K) Profit Sharing Plan and Trust

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mid-Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H of Form 5500 as of or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

CONWAY COMPANY CPAs, PC

Conway Company CPAs, P.C.

Greenville, TX
August 18, 2015

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FINANCIAL STATEMENTS

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2014

	2014
ASSETS	
Money Market Fund	$ 230,748
Investments at Fair Value	2,773,807
Receivables:	
Notes Receivable from Participants	18,993
TOTAL ASSETS	**$ 3,023,548**
LIABILITIES & EQUITY	
Liabilities	
Claims/ Other Payables	$ -
Total Liabilities	-
Net Assets Available for Plan Benefits	3,023,548
TOTAL LIABILITIES & EQUITY	**$ 3,023,548**

The notes to the financial statements are an integral part of this financial statement.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

	2014
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income:	
Net appreciation (depreciation) in fair value of investments	$ 77,716
Interest	880
Dividends	78,338
Total Investment Income	**156,934**
Employer Contributions	364,055
Contributions from Participants	614,262
Total Additions	**1,135,251**
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	89,600
Administrative Fees	968
Total Deductions	**90,568**
Net Increase During The Year	1,044,683
Net Assets Available At The Beginning of The Year	1,978,865
Net Assets Available At The End of The Year	**$ 3,023,548**

The notes to the financial statements are an integral part of this financial statement.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Note A: DESCRIPTION OF PLAN

1. **GENERAL**

   The Plan is a defined contribution plan covering eligible employees of four (4) commonly owned companies: Innovation First International, Inc., Innovation First Manufacturing, Innovation First Trading, Inc. and Innovation First Logistics, Inc. (collectively, the "Company"). Eligibility is defined as someone who has three (3) months of service and is age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. This Plan was adopted by the Company as a part of its Administrative Services Only ("ASO") contract with Paychex, Inc. ("Paychex") on August 27, 2012 and includes Safe Harbor Cash or Deferred Arrangements ("CODA") plan provisions.

2. **CONTRIBUTIONS**

   Each year, participants may contribute up to $17,500 (2014) of pretax annual compensation, which is the prescribed limit established by the Internal Revenue Service ("IRS"), as defined in the Plan. Participant contributions are made by salary reductions at each pay period. Also, participants may make rollover contributions representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. The Company offers a 100% match of the first 3% of each employee's pretax contributions to the Plan, and a 50% match of the next 2% contributed by the participant. This results in an aggregate maximum potential employer match of 4% of each participant's gross annual wages. Employer matching is also computed on a pay period basis.

   A profit sharing contribution is also allowed by the Plan at the Company's sole discretion to all participants with a minimum of one year's employment. No such contribution was made in 2014.

3. **PARTICIPANT ACCOUNTS**

   Each participant's account is credited with the participant's contribution, the employer contribution match, the employer profit sharing contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

   Each participant may select the investment options for their contributions. However, if the participant does not make an investment choice, the Company will direct those investments according to Plan documents.

4. **VESTING**

   Participants are immediately 100% vested in their contributions, the employer contribution match and any earnings thereon. Profit sharing contributions and the related earnings vest 100% upon completing the third year of employment.

Note A: DESCRIPTION OF PLAN (CONTINUED)

5. **INVESTMENTS**
   The Plan is in compliance with ERISA Section 404(c) and permits a participant to exercise control over the assets in their account and are able to choose from a broad range of investment alternatives.

6. **PARTICIPANT LOANS**
   Participants may borrow from their funds As of December 31, 2014 there was no allowance for doubtful accounts as all participant loans are fully secured by the participants individual accounts. There were no loan defaults in 2014.

7. **PAYMENT OF BENEFITS**
   On termination of service due to death, total and permanent disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant is required by law to receive a minimum required distribution from the Plan, unless they are a five percent owner, no later than April 1 of the calendar year following the calendar year the participant turns 70½ or terminates their employment. Once a participant starts receiving the minimum required distribution, they should receive it at least annually and should complete the appropriate documentation each year until their assets in the account are distributed. According to the Plan, normal retirement age is 65.

8. **FORFEITURES**
   Forfeitures can be applied to reduce the employer contributions made in the Plan year of occurrence.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **BASIS OF ACCOUNTING**
   The financial statements of the Plan are prepared using the accrual method of accounting.

2. **USE OF ESTIMATES**
   The preparation of financial statements in conformity with GAAP (Generally Accepted Accounting Principles) requires the plan administrator, which is the Company, to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. **INVESTMENT VALUATION AND INCOME RECOGNITION**
   The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

   Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the accrual basis.

4. **PAYMENT OF BENEFITS**
   Benefits are recorded when paid.

Note C: INVESTMENTS

The following information, included in the accompanying financial statements and supplemental schedule, was obtained from data that has been prepared and certified to as complete and accurate by the trustee as of December 31, 2014:

	12/31/2014
Investment at Fair Value	$ 3,004,555
Net Gain (Loss) on Investment	77,716
Interest Income	880
Dividends	78,338

Additionally, the Plan only invests in mutual funds and the following investments represent five percent (5%) or more of the Plan's net assets as of December 31, 2014:

Federated automated cash management Trust	230,748.27	12%
Blackrock Equity Dividend Fund Class R	114,551.52	6%
Fidelity Advisor New Insights Fund Class T	121,445.02	6%
Vanguard Dividend Growth Fund Investor Shares	89,888.22	5%
Vanguard 500 Index Fund Investor Class	361,917.24	19%
Vanguard Small Cap Index Fund Investor Shares	228,619.17	12%
Vanguard Mid-cap Index Fund Investor Shares	95,075.02	5%
Vanguard Total Bond Market Index Fund Investor Shares	869,178.57	44%
Vanguard Target Retirement 2040 Fund Investor Shares	152,032.83	8%
Vanguard Balanced Index Fund Investor Shares	104,704.00	5%

Note D: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157, *Fair Value Measurements* (FASB Statement No. 157), establishes a framework for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Note D: FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

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

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

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value ('NAV") of shares held by the plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Assets at Fair Value as of December 31, 2014

Investment Category	*Fair Value*	*Level 1 Inputs*	*Level 2 Inputs*	*Level 3 Inputs*
Participant Loans	$ 18,993	$ -	$ -	$ 18,993
Money Market	230,748	230,748	-	-
Mutual Funds	2,773,807	2,773,807	-	-
Total	$ 3,023,548	$ 3,004,555	$ -	$ 18,993

Note D: FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

Level 3 Gains and Losses

		12/31/2014
		Participant Loans
Balance, Beginning of year	$	20,395
Purchases, sales, and (issuances), net		(1,402)
Balance, end of year	$	18,993

Note E: ADMINISTRATIVE EXPENSES

In accordance with Plan agreement, Paychex does not charge a hard dollar fee for the administration of the Plan with the exception of distribution fees.

Note F: PLAN TERMINATION

Although it has expressed no intention to do so, the Company has a right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the portion of their accounts that was previously not vested.

Note G: TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. In alignment with the Company's current tax status, the Plan has years 2012, 2013, and 2014 open for review by Federal taxation authorities.

Note H: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States, with the significant accounting policies discussed in Note B. Contributions receivable were immaterial and, accordingly, there is no contribution receivable accrual as of December 31, 2014. On the Form 5500, contributions for 2014 were recorded by the date on which the contributions were received by the Plan Administrator, or on the cash basis.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Note I: RISKS AND UNCERTAINITIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note J: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Vanguard. Paychex and Mid-Atlantic, as custodian of the Plan assets, both receive revenue sharing from the funds invested in as compensation rather than the Company paying administrative fees for 401(K) processing and custodial services. These transactions qualify as party-in-interest transactions.

Note K: SUBSEQUENT EVENTS

Management has reviewed events that occurred after December 31, 2014 through August 18, 2015, which is the date the financial statements were available to be issued. During this period, management changed 401(k) investment services. In May 2015, the Company changed from Paychex Retirement Services which invest with Mid-Atlantic, to Fidelity.

SUPPLEMENTARY INFORMATION

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
EIN: 27-1530354
SCHEDULE H OF FORM 5500, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2014
(unaudited)

	2014	
Description of Asset	**Shares**	**Current Value**
Federated automated cash management Trust	230,748.270	$ 230,748
EQUITY FUNDS:		
Invesco Mid Cap Core Equity Fund Class R	90.400	2,068
Blackrock Equity Dividend Fund Class R	4,578.398	114,562
Fidelity Advisor New Insights Fund Class T	4,653.066	121,445
American Funds Fundamental Investors Fund Class R-3	440.219	22,865
Ivy Cundill Global ValUe Fund Class Y	177.779	3,019
Ivey Small Cap Value Class Fund Class Y	1,825.332	32,418
Ivey Midcap Growth Fund Class Y	2,520.943	58,839
Royce 100 Fund Class R	2,358.222	26,271
Vanguard Dividend Growth Fund Investor shares	3,892.950	89,888
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Balanced Fund		
Vanguard Target Retirement 2020 Investor fund	763.300	21,724
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		$ 3,004,555

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
EIN: 27-1530354
SCHEDULE H OF FORM 5500, PARTIV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2014
(unaudited)

Description of Asset and Transaction	Cash Value	% of Plan Value
Vanguard Total Bond Market Index Fund I Shares		
Purchases	$ 335,092	
Redemptions	59,295	
	$ 394,387	20%
Vanguard 500 index Fund Investor Class		
Purchases	$ 139,322	
Redemptions	4,488	
	$ 143,810	7%
Vanguard Small Capitalization Index Fund I Shares		
Purchases	$ 93,587	
Redemptions	32,303	
	$ 125,890	6%

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST

AUDIT FOR THE YEAR ENDED

DECEMBER 31, 2014

INNOVATION FIRST INTERNATIONAL 401(K)
PROFIT SHARING PLAN & TRUST
ANNUAL FINANCIAL STATEMENT
DECEMBER 31, 2014

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INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of
Innovation First International 401(K) Profit Sharing Plan and Trust

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mid-Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H of Form 5500 as of or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

CONWAY COMPANY CPAs, PC

Conway Company CPAs, P.C.

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August 18, 2015

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FINANCIAL STATEMENTS

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2014

	2014
ASSETS	
Money Market Fund	$ 230,748
Investments at Fair Value	2,773,807
Receivables:	
Notes Receivable from Participants	18,993
TOTAL ASSETS	**$ 3,023,548**
LIABILITIES & EQUITY	
Liabilities	
Claims/ Other Payables	$ -
Total Liabilities	-
Net Assets Available for Plan Benefits	3,023,548
TOTAL LIABILITIES & EQUITY	**$ 3,023,548**

The notes to the financial statements are an integral part of this financial statement.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

	2014
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income:	
Net appreciation (depreciation) in fair value of investments	$ 77,716
Interest	880
Dividends	78,338
Total Investment Income	**156,934**
Employer Contributions	364,055
Contributions from Participants	614,262
Total Additions	**1,135,251**
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	89,600
Administrative Fees	968
Total Deductions	**90,568**
Net Increase During The Year	1,044,683
Net Assets Available At The Beginning of The Year	1,978,865
Net Assets Available At The End of The Year	**$ 3,023,548**

The notes to the financial statements are an integral part of this financial statement.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Note A: DESCRIPTION OF PLAN

1. **GENERAL**

   The Plan is a defined contribution plan covering eligible employees of four (4) commonly owned companies: Innovation First International, Inc., Innovation First Manufacturing, Innovation First Trading, Inc. and Innovation First Logistics, Inc. (collectively, the "Company"). Eligibility is defined as someone who has three (3) months of service and is age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. This Plan was adopted by the Company as a part of its Administrative Services Only ("ASO") contract with Paychex, Inc. ("Paychex") on August 27, 2012 and includes Safe Harbor Cash or Deferred Arrangements ("CODA") plan provisions.

2. **CONTRIBUTIONS**

   Each year, participants may contribute up to $17,500 (2014) of pretax annual compensation, which is the prescribed limit established by the Internal Revenue Service ("IRS"), as defined in the Plan. Participant contributions are made by salary reductions at each pay period. Also, participants may make rollover contributions representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. The Company offers a 100% match of the first 3% of each employee's pretax contributions to the Plan, and a 50% match of the next 2% contributed by the participant. This results in an aggregate maximum potential employer match of 4% of each participant's gross annual wages. Employer matching is also computed on a pay period basis.

   A profit sharing contribution is also allowed by the Plan at the Company's sole discretion to all participants with a minimum of one year's employment. No such contribution was made in 2014.

3. **PARTICIPANT ACCOUNTS**

   Each participant's account is credited with the participant's contribution, the employer contribution match, the employer profit sharing contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

   Each participant may select the investment options for their contributions. However, if the participant does not make an investment choice, the Company will direct those investments according to Plan documents.

4. **VESTING**

   Participants are immediately 100% vested in their contributions, the employer contribution match and any earnings thereon. Profit sharing contributions and the related earnings vest 100% upon completing the third year of employment.

Note A: DESCRIPTION OF PLAN (CONTINUED)

5. **INVESTMENTS**
   The Plan is in compliance with ERISA Section 404(c) and permits a participant to exercise control over the assets in their account and are able to choose from a broad range of investment alternatives.

6. **PARTICIPANT LOANS**
   Participants may borrow from their funds As of December 31, 2014 there was no allowance for doubtful accounts as all participant loans are fully secured by the participants individual accounts. There were no loan defaults in 2014.

7. **PAYMENT OF BENEFITS**
   On termination of service due to death, total and permanent disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant is required by law to receive a minimum required distribution from the Plan, unless they are a five percent owner, no later than April 1 of the calendar year following the calendar year the participant turns 70½ or terminates their employment. Once a participant starts receiving the minimum required distribution, they should receive it at least annually and should complete the appropriate documentation each year until their assets in the account are distributed. According to the Plan, normal retirement age is 65.

8. **FORFEITURES**
   Forfeitures can be applied to reduce the employer contributions made in the Plan year of occurrence.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **BASIS OF ACCOUNTING**
   The financial statements of the Plan are prepared using the accrual method of accounting.

2. **USE OF ESTIMATES**
   The preparation of financial statements in conformity with GAAP (Generally Accepted Accounting Principles) requires the plan administrator, which is the Company, to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. **INVESTMENT VALUATION AND INCOME RECOGNITION**
   The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

   Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the accrual basis.

4. **PAYMENT OF BENEFITS**
   Benefits are recorded when paid.

Note C: INVESTMENTS

The following information, included in the accompanying financial statements and supplemental schedule, was obtained from data that has been prepared and certified to as complete and accurate by the trustee as of December 31, 2014:

	12/31/2014
Investment at Fair Value	$ 3,004,555
Net Gain (Loss) on Investment	77,716
Interest Income	880
Dividends	78,338

Additionally, the Plan only invests in mutual funds and the following investments represent five percent (5%) or more of the Plan's net assets as of December 31, 2014:

Federated automated cash management Trust	230,748.27	12%
Blackrock Equity Dividend Fund Class R	114,551.52	6%
Fidelity Advisor New Insights Fund Class T	121,445.02	6%
Vanguard Dividend Growth Fund Investor Shares	89,888.22	5%
Vanguard 500 Index Fund Investor Class	361,917.24	19%
Vanguard Small Cap Index Fund Investor Shares	228,619.17	12%
Vanguard Mid-cap Index Fund Investor Shares	95,075.02	5%
Vanguard Total Bond Market Index Fund Investor Shares	869,178.57	44%
Vanguard Target Retirement 2040 Fund Investor Shares	152,032.83	8%
Vanguard Balanced Index Fund Investor Shares	104,704.00	5%

Note D: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157, *Fair Value Measurements* (FASB Statement No. 157), establishes a framework for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Note D: FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

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

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

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value ('NAV") of shares held by the plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Assets at Fair Value as of December 31, 2014

Investment Category	*Fair Value*	*Level 1 Inputs*	*Level 2 Inputs*	*Level 3 Inputs*
Participant Loans	$ 18,993	$ -	$ -	$ 18,993
Money Market	230,748	230,748	-	-
Mutual Funds	2,773,807	2,773,807	-	-
Total	$ 3,023,548	$ 3,004,555	$ -	$ 18,993

Note D: FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

Level 3 Gains and Losses

		12/31/2014
		Participant Loans
Balance, Beginning of year	$	20,395
Purchases, sales, and (issuances), net		(1,402)
Balance, end of year	$	18,993

Note E: ADMINISTRATIVE EXPENSES

In accordance with Plan agreement, Paychex does not charge a hard dollar fee for the administration of the Plan with the exception of distribution fees.

Note F: PLAN TERMINATION

Although it has expressed no intention to do so, the Company has a right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the portion of their accounts that was previously not vested.

Note G: TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. In alignment with the Company's current tax status, the Plan has years 2012, 2013, and 2014 open for review by Federal taxation authorities.

Note H: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States, with the significant accounting policies discussed in Note B. Contributions receivable were immaterial and, accordingly, there is no contribution receivable accrual as of December 31, 2014. On the Form 5500, contributions for 2014 were recorded by the date on which the contributions were received by the Plan Administrator, or on the cash basis.

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Note I: RISKS AND UNCERTAINITIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note J: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Vanguard. Paychex and Mid-Atlantic, as custodian of the Plan assets, both receive revenue sharing from the funds invested in as compensation rather than the Company paying administrative fees for 401(K) processing and custodial services. These transactions qualify as party-in-interest transactions.

Note K: SUBSEQUENT EVENTS

Management has reviewed events that occurred after December 31, 2014 through August 18, 2015, which is the date the financial statements were available to be issued. During this period, management changed 401(k) investment services. In May 2015, the Company changed from Paychex Retirement Services which invest with Mid-Atlantic, to Fidelity.

SUPPLEMENTARY INFORMATION

INNOVATION FIRST INTERNATIONAL 401(K) PROFIT SHARING PLAN & TRUST
EIN: 27-1530354
SCHEDULE H OF FORM 5500, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2014
(unaudited)

	2014	
Description of Asset	**Shares**	**Current Value**
Federated automated cash management Trust	230,748.270	$ 230,748
EQUITY FUNDS:		
Invesco Mid Cap Core Equity Fund Class R	90.400	2,068
Blackrock Equity Dividend Fund Class R	4,578.398	114,562
Fidelity Advisor New Insights Fund Class T	4,653.066	121,445
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		$ 3,004,555

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Purchases	$ 93,587	
Redemptions	32,303	
	$ 125,890	6%