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
ECMM SERVICES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2011

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

8801 FALLBROOK DRIVE
HOUSTON, TX 77064

2b Employer Identification Number (EIN)
38-3818427

2c Plan Sponsor's telephone number
281-668-1678

2d Business code (see instructions)
423600

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.	10/09/2015	JOAN CHOW
	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**	266
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)**	262
a(2) Total number of active participants at the end of the plan year	**6a(2)**	246
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	14
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	260
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	260
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)** [ ] ___ **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 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	**B** Three-digit plan number (PN) ▶
ECMM SERVICES, INC. 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ECMM SERVICES, INC.	38-3818427

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN BEACON ADVISORS
4151 AMON CARTER BLVD.
FORT WORTH, TX 76155

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COLUMBIA

ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

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

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

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

DODGE & COX INC., DISTRIBUTOR

94-1441976

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

LORD ABBETT DISTRIBUTOR, LLC

90 HUDSON STREET
JERSEY CITY, NJ 07032

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

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

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

METLIFE STABLE INVESTMENTS

485-B ROUTE ONE SOUTH
3RD FLOOR
ISELIN, NJ 08830

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PHOENIX - VIRTUS

56 PROSPECT STREET
PO BOX 150480
HARTFORD, CT 06115

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

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

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

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

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
52 59 60 63	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	6476	Yes [ ] No [X]

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

GALLAGHER BENEFIT SERVICES

36-4291971

(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 21 49 50 64 99	CONSULTANT	5400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADP, LLC

13-3036745

(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?
37 50 15 64	RECORD KEEPER	5101	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ADP BROKER-DEALER

22-3319984

(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?
60 59 63 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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
MERRILL LYNCH PIERCE FENNER & SMITH	52 59 60 63	6476

(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.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, CA 91367	INVESTMENT MANAGEMENT FEES PAID INDIRECTLY BY PLAN SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES DISTRIBUTION (12B-1) FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	60 59 63 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INC., DISTRIBUTOR 94-1441976	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT DISTRIBUTOR, LLC 90 HUDSON STREET JERSEY CITY, NJ 07032	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE 24TH FLOOR BOSTON, MA 02108	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PHOENIX - VIRTUS 56 PROSPECT STREET PO BOX 150480 HARTFORD, CT 06115	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ECMM SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-3818427

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: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS

c EIN-PN 04-3159710-732	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE REL ST VAL 25053 - 0

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

c EIN-PN 58-1428634-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259071

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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
ECMM SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-3818427

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	34165	51790
(9) Value of interest in common/collective trusts	1c(9)	318099	259071
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	1497606	2124718
(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	1849870	2435579
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
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	1849870	2435579

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)	225534	
	(B) Participants	2a(1)(B)	508334	
	(C) Others (including rollovers)	2a(1)(C)	3526	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		737394
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)	1572	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1572
	(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)	53005	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		53005
	(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)		9382
(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)		107566
c Other income	2c		5595
d Total income. Add all **income** amounts in column (b) and enter total	2d		914514
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	312904	
(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)		312904
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15901	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15901
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		328805
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		585709
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: ACORN ACCOUNTANCY CORPORATION **(2)** EIN: 20-3776207

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		185000
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
ECMM SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-3818427

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): 57-1198022 _____

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):

ECMM SERVICES, INC. 401(K) PLAN
401(k) Plan
E I N 38-3818427 PN 001
Auditor's Report
And
Financial Statements
December 31, 2014 and 2013

ECMM Services, Inc. 401(k) Plan

December 31, 2014 and 2013

Contents

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 18

ACORN ACCOUNTANCY CORPORATION

A Professional Corporation

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Independent Auditor's Report

Plan Administrator
ECMM Services, Inc. 401(K) Plan
Brea, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ECMM Services, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and 7, which were certified by Reliance Trust Company and State Street Bank and Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the

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financial statements. We have been informed by the Plan administrator that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions from June 1, 2014 to December 31, 2014, and that Reliance Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2013, and for the period January 1, 2014 to May 31, 2014. The Plan administrator has obtained certifications from the trustees as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustees 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, 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 this 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 trustees, 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.

Acorn Accountancy Corp.

El Monte, California
September 25, 2015

ECMM Services, Inc. 401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, At Fair Value		
Mutual funds	$2,124,718	$1,497,606
Common/collective trusts	259,071	318,099
Total Investments, At Fair Value	2,383,789	1,815,705
Receivables		
Employer's contribution	825	1,584
Participants' contributions	1,980	5,648
Notes receivable from participants	51,790	34,165
Total Receivables	54,595	41,397
Total Assets	2,438,384	1,857,102
Net assets reflecting investments at fair value	2,438,384	1,857,102
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(8,591)	(4,113)
Net Assets Available for Benefits	$2,429,793	$1,852,989

See Notes to Financial Statements

ECMM Services, Inc. 401(K) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Investment Income (Loss)	
Net appreciation (depreciation) in fair value of investments	
Mutual funds	$107,566
Common/collective trusts	3,463
Dividends and interests	54,446
Total net investment income (loss)	165,475
Interest income on notes receivable from participants	1,572
Contributions	
Employer	224,775
Participants	504,666
Rollovers	3,526
Total Contributions	732,967
Total Additions (Loss)	900,014
Deductions	
Benefits paid to participants	312,904
Other expenses	10,306
Total Deductions	323,210
Net Increase (Decrease)	576,804
Net Assets Available for Benefits, Beginning of Year	1,852,989
Net Assets Available for Benefits, End of Year	$2,429,793

ECMM Services, Inc. 401(k) Plan

Notes to Financial Statements
December 31, 2014 and 2013

Note 1: Description of the Plan

The following description of ECMM Services, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the *Plan Document* and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

General

The Plan is a defined contribution plan covering the employees of ECMM Services, Inc. (the Company) who attain the age of 21 and have completed one year of service with a minimum of 1,000 hours during that time. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Plan allows participants to defer a percentage of their eligible compensation as contributions to the Plan. Contributions are subject to certain limitations. The Company matches 100 percent of the participant's salary deferral up to 4 percent of the employee's eligible compensation. Additional contributions can be made at the discretion of the Company's Board of Directors.

Participant Investment Account Options

Investment account options include various funds. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contribution and Plan earnings, and is 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.

Vesting

Participants are immediately vested in their voluntary contributions and Company contributions, plus earnings thereon.

Payment of Benefits

Upon retirement or termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or, if the balance is over $5,000, payment in installments as described in the *Plan Document*.

Note 1: Description of the Plan, continued

Forfeited Accounts

Forfeited accounts are used to reduce future Company contributions and administration fees. At December 31, 2014 there were no forfeitures or forfeiture activity.

Participant Loans

The *Plan Document* includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be $500. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of $50,000 or 50 percent of the participant's vested account balance. All loans are repayable over a period not to exceed five years (except loans for the purchase of a principal residence, which is repayable over a period not to exceed thirty years). Interest on the loans is based on the prime rate as specified in Wall Street Journal plus 1 percent.

Plan Termination

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. The Company has not expressed such intention as of this financial statements date. In the event of Plan termination, participants would become fully vested in their accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of investment contracts, 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 using the contract value basis for fully benefit-responsive investment contracts.

Note 2: Summary of Significant Accounting Policies, continued

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's assets are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

Plan Tax Status

The Plan has received a copy of the opinion letter, dated March 31, 2008 and addressed to the Plan's service provider, Automatic Data Processing, Inc. (ADP), from the Internal Revenue Service (IRS) for the acceptability of the form of its prototype plan. The IRS letter indicates that the form of the Plan is acceptable under Internal Revenue Code. It further states that an employer who adopts this plan will be considered to have a plan qualified under Code Section 401(a).

The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan and related trust were qualified as tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Note 2: Summary of Significant Accounting Policies, continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the *Plan Document*.

Administrative Expenses

Administrative Expenses are included in Other Expenses. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Recordkeeping fees and fees related to the administration of notes receivable from participants, distributions and investment related expenses are charged directly to the participant's account.

Note 3: Investments-unaudited

The Plan's investments are held by Reliance Trust Company as of December 31, 2013 and for the period January 1, 2014 to May 31, 2014. As of December 31, 2014 and from June 1, 2014 to December 31, 2014, the Plan's investments are held by State Street Bank and Trust Company. The Plan's investments (including gains and losses on investments, bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2014	
	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value at End of Year
Mutual funds	$107,566	$2,124,718
Common and collective trust funds	3,463	259,071
	$111,029	$2,383,789

	2013	
	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value at End of Year
Mutual funds	$145,806	$1,497,606
Common and collective trust funds	-	318,099
	$145,806	$1,815,705

Note 3: Investments-unaudited, continued

Realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits for the year ended December 31, 2014, are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

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

	Current Value	
Description of Investment	2014	2013
BlackRock S&P 500 Stock Fund - Institutional Class	*	$222,916
Dodge & Cox International Stock Fund	$146,823	*
Dreyfus Opportunistic Midcap Value Fund - Class A	*	99,623
Invesco Real Estate Fund - Class A	*	115,677
Invesco Select Companies Fund - Class A	*	175,340
MetLife Reliance Stable Value Fund Series 25053 - Class 0	259,071	*
Prudential Jennison Health Sciences Fund - Class A	*	111,471
Putnam Stable Value Fund	*	318,099
Thornburg International Value Fund - Class R4	*	124,766
Vanguard Small Cap Index Fund - Admiral Class	278,686	*
Vanguard Target Retirement 2040 Fund - Investor Class	129,754	*
Vanguard Mid-Cap Index Fund - Admiral Class	132,705	*
Vanguard 500 Index Fund - Admiral Class	688,872	*
Other Investment under 5 percent	747,878	647,813
Total investments	$2,383,789	$1,815,705

***:** Less than 5 percent

Dividends realized on the Plan's investments for the year ended December 31, 2014 was $54,446.

Note 4: Party-in-interest Transactions

The Company, the plan sponsor, provides certain administrative services at no cost to the Plan.

Note 5: Reconciliation of Financial Statements to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$2,429,793	$1,852,989
Contributions and other receivable at December 31	(2,805)	(7,232)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	8,591	4,113
Net assets available for benefits per Form 5500	$2,435,579	$1,849,870

The following is a reconciliation of the change in net assets available for benefits as reported in the financial statements to the Form 5500 for the year ended December 31, 2014:

	2014
Net increase in net assets available for benefits as reported in the financial statements	$576,804
Net change in contribution receivable	4,427
Adjustment from contract value to fair value for fully benefit-responsive investment contracts-prior year	(4,113)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts-current year	8,591
Net income as reported in the Form 5500	$585,709

Note 5: Reconciliation of Financial Statements to Form 5500, continued

The following is a reconciliation of contributions received per the financial statements for the year ended December 31, 2014, to Form 5500:

	2014	
	Employer Contributions	Employee Contributions
Contributions received per the financial statements	$224,775	$504,666
Add: Contributions receivable, December 31, 2013	1,584	5,648
Less: Contributions receivable, December 31, 2014	(825)	(1,980)
Contributions received per Form 5500	$225,534	$508,334

The following is a reconciliation of dividends income per the financial statements for the year ended December 31, 2014 to form 5500:

	2014
Dividends and interests income as reported in the financial statements	$54,446
Dividends income from in common/collective trusts	(1,441)
Dividends income from registered investment company shares as reported in the Form 5500	$53,005

Note 5: Reconciliation of Financial Statements to Form 5500, continued

The following table is to disclose details of net investment gain (loss) from common/collective trusts for the year ended December 31, 2014 as repotted on Form 5500:

	2014
Adjustment from contract value to fair value for fully benefit-responsive investment contracts-prior year	($4,113)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts-current year	8,591
Realized/Unrealized gain (loss) from common/collective trusts	3,463
Dividends income from in common/collective trusts	1,441
Net investment gain (loss) from common/collective trusts as reported in the Form 5500	$9,382

The following is a reconciliation of other expenses per the financial statements for the year ended December 31, 2014 to form 5500:

	2014
Other expenses per the financial statements	$10,306
Other income per Form 5500	5,595
Total administrative expenses-other as reported in the Form 5500	$15,901

Note 6: Risks and Uncertainties

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

Note 7: Fair Value Measurements-unaudited

The Plan follows a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than Level 1 quoted prices for identical assets, such as quoted prices for similar assets or liabilities; quoted prices 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.

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.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market funds and equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include pool separate accounts, corporate bonds and municipal securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan did not have any Level 3 measurements as of December 31, 2014 and 2013.

Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 inputs).

Note 7: Fair Value Measurements-unaudited, continued

Common/collective trust funds ("CCT") are valued using Net Asset Value (NAV) based on the value of the fund's underlying assets (minus applicable costs and liabilities), divided by the number of shares outstanding. The underlying investments are valued by the issuer using either quoted market prices on active markets or observable inputs or quotations from inactive markets. The Plan's investments in these trusts are classified within Level 2 of the fair value hierarchy.

CCT consists of MetLife Reliance Stable Value Fund Series 25053 - Class 0 as of December 31, 2014 and Putnam Stable Value Fund as of December 31, 2013. Both of the funds may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the CCT at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses.

The Statements of Net Assets Available for Benefits present the fund at fair value, as well as an additional line item showing an adjustment from fair value to contract value. Fair value of the underlying investments of the fund is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The preceding method described for valuation of the fund may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan management believes its valuation method is 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 7: Fair Value Measurements-unaudited, continued

The following table set forth a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2014:

		Fair Value Measurement Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:				
Bond Funds	$107,797	$107,797	$ -	$ -
Large Value	27,658	27,658	-	-
Mid-Cap Value	22,516	22,516	-	-
Small Value	5,337	5,337	-	-
Large Blend	835,695	835,695	-	-
Mid-Cap Blend	132,705	132,705	-	-
Small Blend	278,686	278,686	-	-
Large Growth	79,080	79,080	-	-
Mid-Cap Growth	32,912	32,912	-	-
Small Growth	33,620	33,620	-	-
Aggressive Growth	71,725	71,725	-	-
Target-Date	496,987	496,987	-	-
Common/collective trusts:				
Stable value	259,071	-	259,071	-
Total	$2,383,789	$2,124,718	$259,071	$ -

Note 7: Fair Value Measurements-unaudited, continued

The following table set forth a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2013:

		Fair Value Measurement Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:				
Bond Funds	$114,044	$114,044	$ -	$ -
Large Value	57,485	57,485	-	-
Mid-Cap Value	21,078	21,078	-	-
Large Blend	233,775	233,775	-	-
Mid-Cap Blend	99,623	99,623	-	-
Small Blend	175,340	175,340	-	-
Large Growth	174,064	174,064	-	-
Mid-Cap Growth	17,865	17,865	-	-
Small Growth	17,993	17,993	-	-
Government	41,431	41,431	-	-
Aggressive Growth	339,626	339,626	-	-
Risk Based	39,357	39,357	-	-
Target-Date	165,925	165,925	-	-
Common/collective trusts:				
Stable value	318,099	-	318,099	-
Total	$1,815,705	$1,497,606	$318,099	$ -

Note 7: Fair Value Measurements-unaudited, continued

Common/collective trusts

The adjustment from fair value to contract value related to the investment contracts at December 31, 2014 and 2013, as follows:

	2014	2013
Investment, at fair value	$259,071	$318,099
Adjustment to contract value	(8,591)	(4,113)
Investment at contract value	$250,480	$313,986

Note 8: Subsequent Event

Date of Management's Review

The Plan Administrator has evaluated subsequent events through September 25, 2015, the date the financial statements were available to be issued. There were no material subsequent events that occurred that would require disclosure or recognition.

Supplemental Schedule
(Unaudited)

ECMM SERVICES, INC. 401(k) Plan
EIN 38-3818427 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014

	Identity of Issuer	Description of Investment	Current Value
	Registered Investment Companies		
	Dodge & Cox	International Stock Fund	$146,823
	Vanguard	Target Retirement 2035 Fund - Investor Class	14,930
	Vanguard	Target Retirement 2060 Fund - Investor Class	46,093
	Vanguard	Target Retirement 2055 Fund - Investor Class	798
	Vanguard	Total Bond Market Index Fund - Admiral Class	201
	Vanguard	Target Retirement 2020 Fund - Investor Class	49,215
	Vanguard	Target Retirement 2015 Fund - Investor Class	29,862
	Vanguard	Small Cap Index Fund - Admiral Class	278,686
	DFA	Emerging Markets Portfolio - Institutional Class	17,368
	Vanguard	Target Retirement 2040 Fund - Investor Class	129,754
	Vanguard	Target Retirement 2025 Fund - Investor Class	63,188
	Janus	Enterprise Fund - Class N	32,912
	Vanguard	Target Retirement 2010 Fund - Investor Class	53
	Vanguard	Mid-Cap Index Fund - Admiral Class	132,705
	Vanguard	Target Retirement 2050 Fund - Investor Class	12,716
	BlackRock	Mid Cap Value Opportunities Fund - Institutional Class	22,516
	Delaware	US Growth Fund - Institutional Class	79,080
	Vanguard	Target Retirement 2030 Fund - Investor Class	90,561
	American Beacon	Large Cap Value Fund - Institutional Class	27,658
	DFA	US Targeted Value Portfolio - Institutional Class	5,337
	Oppenheimer	Global Fund - Class I	54,358
	Vanguard	500 Index Fund - Admiral Class	688,872
	Vanguard	Target Retirement 2045 Fund - Investor Class	53,997
	PIMCO	Total Return Fund - Institutional Class	107,595
	Vanguard	Target Retirement Income Fund - Investor Class	5,820
	Janus	Triton Fund - Class N	33,620
	Common / Collective Trust		
*	MetLife	Reliance Stable Value Fund Series 25053 - Class 0	259,071
	Participant Loans	Interest Rates (4.25%)	51,790
			$2,435,579

* A party-in-interest as defined by ERISA.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Schedule C

Guide to ADP's preparation of your Form 5500 Schedule C

Reporting how your retirement plan's Service Providers are paid 2

So what's this Guide about? 2

A reminder about our Schedule C information-collection methods 2

Figuring out which Service Providers to report 2

About Direct, Indirect, and Eligible Indirect Compensation 3

Estimates and allocations 4

About service/compensation codes and reportable relationships 5

Some practical limits on what ADP does for you 5

Failure to furnish information needed to complete Schedule C 5

Why you should read everything 6

Why you should keep records 6

Questions? 6

About this information 6

Appendix: Estimate and Allocation Methods 6

IN THE BUSINESS OF YOUR SUCCESS®

Reporting how your retirement plan's Service Providers are paid

Filing an accurate and complete Form 5500 is your legal duty as your retirement plan's administrator. Schedule C of Form 5500 now requires much more information about Compensation received by your plan's Service Providers.

Return to Top

So what's this Guide about?

ADP Retirement Services ("ADP") wants you to understand what we did with the information we collected in order to present the Service Provider information on your Schedule C.

ADP has prepared Schedule C in accordance with the Schedule C Instructions. In particular, we want you to know about our work methods and assumptions in preparing Schedule C, as well as how we prepared estimates or allocations (if any). This booklet also contains further information about your responsibilities concerning your Schedule C.

In this Guide, we use specially capitalized words the same way they're explained in the booklet entitled "*Words defined for Schedule C reporting*" that we sent you earlier this year.

Return to Top

A reminder about our Schedule C information-collection methods

As explained in the booklet entitled "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" that we sent you earlier this year, ADP either has in its records, or received, information about Compensation paid by ADP or its affiliates, received by ADP or its affiliates, received by a Service Provider for services you arrange through the ADP service offering, or paid from your plan's trust directly to a payee other than you. We also explained that you would need to ask for Compensation information from any Service Provider that you (as plan sponsor) paid if your plan's trust reimbursed you for that payment; that you hired on your own rather than through the ADP service offering for any service to your plan (such as a registered investment advisor or auditor); that was an employee of your company; or that you, as a plan fiduciary, believed you should ask. Finally, the booklet discussed certain situations for which you might need to seek out additional Compensation information or collect information from your records.

To prepare your plan's Schedule C, we combined information in our records with information provided by Service Providers and Investment Fund groups whose Investment Funds are made available through the ADP service offering (this information is discussed in detail below) and information you provided in response to our previous request for Schedule C information.

It is important to understand that information provided by a Service Provider or reflected on Schedule C for reporting purposes may not be the same as compensation information provided to you by a service provider for disclosure purposes. The Department of Labor's regulations under Section 408(b)(2) of ERISA require certain service providers to provide disclosure to plan fiduciaries about compensation they reasonably expect to receive. The information disclosed to you by service providers under the ERISA Section 408(b)(2) regulations and the reportable Compensation provided or reflected on Schedule C for reporting purposes may differ for a number of reasons. Among these are:

- reporting on Schedule C looks backward at what a service provider actually received over a specific reporting year, while disclosure under the ERISA Section 408(b)(2) regulations is prospective, reflecting what a service provider reasonably expects to receive going forward; and
- the group of Service Providers whose compensation is covered by the Schedule C reporting requirements is broader than the group of covered service providers whose expected compensation must be disclosed under the ERISA Section 408(b)(2) regulations; and
- the thresholds for Schedule C reporting and the thresholds for disclosure under the ERISA Section 408(b)(2) regulations are different.

Effective July 1, 2014, ADP, Inc. changed its name to ADP, LLC, when it converted under Delaware law from a corporation to a limited liability company. This is a change in name and form only; legally, ADP, LLC is the same entity as ADP, Inc. Where reportable Compensation was received or paid by ADP, Inc. or ADP, LLC during the 2014 reporting year, we have listed ADP, LLC as the recipient or payor on your Schedule C.

Return to Top

Figuring out which Service Providers to report

Schedule C doesn't require you to report on every Service Provider. Service Providers that receive Compensation less than a specified amount may be omitted.

In applying thresholds to what does or doesn't need to be reported on your Schedule C, ADP used the following aggregation approach.

$5,000 THRESHOLD FOR INCLUSION ON SCHEDULE C

ADP looked at a Service Provider's total Compensation from a plan – counting Direct Compensation, Eligible Indirect Compensation, and Non-eligible Indirect Compensation. (Remember, for Schedule C reporting purposes, Compensation doesn't include any amount your company paid to a Service Provider using your company's money if your company wasn't reimbursed from your plan's assets for the payment.) We generally did not include on your Schedule C report any Service Provider that received less than $5000 in total Compensation. However, if any Compensation was reported to us as a formula, we assumed, in accordance with the Schedule C instructions, that the $5,000 threshold was met.

In addition, if the Compensation information provided to ADP indicated that a Service Provider (which may have provided services through one or more affiliates) received compensation under more than one Employer Identification Number ("EIN"), ADP aggregated the compensation received under all of these EINs to see whether it exceeded $5,000. If it did, we treated the Service Provider as having received compensation over the $5000 threshold that should be reported, and reported the compensation by separate EINs (treating each EIN as a Service Provider), even if the compensation reported for an EIN was less than $5,000. In performing this review, we generally didn't aggregate amounts paid from Investment Funds to an Investment Fund's manager or distributor affiliated with a Service Provider, unless the Service Provider specifically reported such amounts to ADP as part of its Compensation for plan services. We also did not aggregate EINs in determining whether a Service Provider *only* received Eligible Indirect Compensation.

$1,000 THRESHOLD FOR DETAILED REPORTING OF A KEY SERVICE PROVIDER'S INDIRECT COMPENSATION

ADP looked only at Non-eligible Indirect Compensation.

We show each Key Service Provider (by EIN) that received Indirect Compensation of more than $1,000 from one source. If any Compensation received by a Key Service Provider from a single source was reported to us as a formula, we assumed the $1,000 threshold was met, in accordance with the Schedule C instructions. ADP didn't aggregate Service Providers operating under more than one EIN to count whether Indirect Compensation was more than this $1,000 threshold.

Return to Top

About Direct, Indirect, and Eligible Indirect Compensation

The following subparts describe some work methods we use in putting information about different kinds of Compensation on your Schedule C.

DIRECT COMPENSATION PAID FROM YOUR PLAN'S TRUST

We put on your Schedule C all payments of Direct Compensation (payments from your plan's trust to a Service Provider) in ADP's records, provided the Service Provider that received the Direct Compensation exceeded the thresholds for inclusion on Schedule C. Where ADP has collected Compensation from your Plan for a Service Provider and paid that Compensation over to the Service Provider, we have reported the payments as Direct Compensation from your plan to the Service Provider. Direct Compensation is reported based on your plan year.

If, during the plan year being reported, you (as plan sponsor) made a payment to a Service Provider out of your own assets and your plan's trust reimbursed you for this payment, you must report this reimbursed payment on Schedule C as a payment of Direct Compensation from your plan to the Service Provider. As we explained in the "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" sent to you earlier this year, while ADP's records show the amount of such a payment in this situation, our records don't show which Service Provider you paid, and they don't contain all information needed to report these payments as payments to the Service Provider. If you provided this information to ADP as we requested, we have used it in reflecting Direct

Compensation on your plan's Schedule C. If not, you should provide this information to ADP so that your Schedule C will accurately reflect these Direct Compensation payments as received by your Service Provider instead of by you.

ABOUT INDIRECT COMPENSATION

Indirect Compensation generally

ADP used the calendar year ending with or within the plan year to compile Indirect Compensation information from our records. We asked the Service Providers that provided Indirect Compensation information directly to ADP (including Investment Funds made available through the ADP service offering) to provide Indirect Compensation data based on the calendar year. The forms we provided to you to help you collect information from other Service Providers also requested information based on the calendar year.

Indirect Compensation that ADP pays

In some circumstances, ADP makes payments to other Service Providers in connection with services provided to your plan. If we make such a payment, we do so from ADP's assets, which might include ADP's revenue from you or your plan. If the applicable requirements for Schedule C reporting were met, we put the payments on Schedule C as Indirect Compensation that ADP paid to that Service Provider. (But see above regarding payments collected by ADP from your plan's trust if ADP merely paid those amounts over to the Service Provider.) As explained in the "Guide to Collecting and Providing Schedule C Service Provider Information to ADP," in certain situations ADP may determine it is appropriate for a Service Provider, rather than ADP, to determine whether it believes the value of certain nonmonetary items (such as the value of a seminar for service providers hosted by ADP) is reportable Compensation allocable to your Plan. If so, it is the Service Provider's responsibility to provide this information to you.

If an employee of your company attended an educational conference hosted by ADP during the reporting year, we take the value of meals, lodging, and transportation provided in connection with that conference into account in preparing your Schedule C. We include the amount on Schedule C if applicable reporting thresholds for reportable Compensation received by the recipient were met, unless you inform us that you have met the requirements for the educational conference reporting exception.

ABOUT ELIGIBLE INDIRECT COMPENSATION

Some kinds of Indirect Compensation are eligible for limited reporting on Schedule C; the Department of Labor calls this Eligible Indirect Compensation. For Indirect Compensation to be Eligible Indirect Compensation or "EIC", it must be the right kind of Indirect Compensation, and you must have received the right disclosures. (For more background, read ADP's *"Words defined for Schedule C reporting" and "Eligible Indirect Compensation Disclosures for Form 5500 Schedule C filers"*.) ADP has used the simplified reporting approach available for EIC in preparing Schedule C for your plan wherever possible.

To see ADP's EIC disclosures (if any) and the disclosures that Service Providers and Investment Fund groups made available through the ADP service offering furnished to us to forward to you, see the booklet entitled *"Eligible Indirect Compensation Disclosures for Form 5500 Schedule C Filers"*. Also read that booklet to understand the assumptions ADP has used about whether to treat a Compensation item as EIC when preparing your Schedule C. If you directed ADP to treat certain Indirect Compensation as EIC based on disclosures provided directly to you by a Service Provider you contacted, ADP has followed your direction.

Other than its own Indirect Compensation, ADP has **not** reviewed any Service Provider's or Investment Fund group's characterization of any Indirect Compensation as EIC. ADP likewise has not reviewed any of these disclosures other than its own to check for accuracy or completeness in terms of what an EIC disclosure has to contain. For our preparation of a Schedule C, we relied on the Service Providers and Investment Fund groups to make these characterizations and to provide EIC disclosures that they believe are sufficient, accurate, and complete.

While we have assumed each Service Provider's or Investment Fund group's disclosures in the EIC disclosure booklet are sufficient to allow simplified reporting of EIC, you must make this decision yourself. If you decide a particular disclosure is not sufficient, you'll need to request more information from the Service Provider or Investment Fund group before you sign your Form 5500. Unless you instruct us differently, ADP assumes that you approve treating each Indirect Compensation item covered by these disclosures as EIC in preparing your Schedule C. If you decide that any Indirect Compensation item covered by a Service Provider's or Investment Fund group's EIC disclosure should not be treated as EIC, you must give ADP detailed instructions about exactly what you want to put on Schedule C.

If ADP is listed on a Schedule C as a person furnishing disclosures relating to Compensation as Eligible Indirect Compensation, ADP does **not** make any representation about the accuracy or completeness of information that was prepared by a person other than ADP. This includes information about Investment Funds and about Compensation that relates to Investment Funds.

ABOUT COMPENSATION AMONG AFFILIATES AND SUBCONTRACTOR PAYMENTS

ADP, LLC may use affiliates and divisions, including ADP Broker-Dealer, Inc., to perform services for your plan. ADP, LLC and its affiliates may make "intra-company" payments to one another. ADP also may use the services of subcontractors in the course of performing certain services for your plan or, in limited circumstances, act as a subcontractor to another Service Provider to your plan. Under the Schedule C Instructions' bundled-reporting exception, payments between affiliates or to a subcontractor need not be reported on Schedule C except in certain specific situations. ADP's preparation of your Schedule C doesn't report payments between or among ADP, LLC and its affiliates or subcontractor payments unless specifically required. Other Service Providers also may have applied the bundled-reporting exception in providing their Compensation information.

Return to Top

Estimates and allocations

Some Compensation amounts we put on your Schedule C might reflect an estimate or an allocation to your plan of a share of a larger amount of Compensation that isn't attributable only to your plan. While the assumptions used in preparing an estimate and any allocation methods used need not be reported on Schedule C itself, they must be disclosed to you. Our allocation methods and any provided to ADP by Service Providers whose services are made available through the ADP service offering are described in an Appendix at the end of this booklet. The Appendix might include information provided by Service Providers your plan didn't use. You need only review information provided by Service Providers your plan used in the reporting year.

Return to Top

About service/compensation codes and reportable relationships

Schedule C requires service and compensation codes for each Service Provider. (A list of these codes was provided to you when we sent you materials to use in collecting Schedule C information.) In preparing your Schedule C, ADP first used any codes provided by you or the Service Provider in question. If you and the Service Provider didn't provide any codes, we have included service and compensation codes based on what ADP knows about what the Service Provider does for your plan and the Service Provider's Compensation. Also, we assume that a Service Provider doesn't have a reportable relationship to an employer, employee organization, or a party-in-interest regarding your plan, unless you or a Service Provider instruct us with specific information.

You must review the service and compensation codes, and whether there's a relationship to be reported. If you wish to change any entries, you must give ADP detailed instructions about exactly what you want to put on Schedule C. As with everything in Schedule C and Form 5500, you're responsible for your report.

Return to Top

Some practical limits on what ADP does for you

The Compensation information ADP put on your plan's Schedule C is based on information in ADP's records, information furnished to us by unaffiliated Service Providers and Investment Fund groups, or furnished by you, our client.

For information about ADP's Compensation, we believe that the information we put on Schedule C is accurate and complete to the best of ADP's knowledge. For every other Service Provider's Compensation or Compensation paid from an Investment Fund, if we used information in our records, it is accurate to the best of our knowledge and we relied on the service provider to tell us if it was complete. If ADP used information furnished by others, we relied on those others as to the accuracy or completeness of the information they provided without performing our own review.

As explained above, ADP has relied on you to request information from certain Service Providers. ADP used each Service Provider information form you sent us in preparing your plan's Schedule C. If you didn't send us a form or forms in response to our information request earlier this year, we assume you concluded there is nothing to report.

Return to Top

Failure to furnish information needed to complete Schedule C

In the unlikely event a Service Provider fails or refuses to provide you information needed to complete Schedule C, Schedule C asks you to identify the Service Provider and explain what information the Service Provider failed or refused to furnish.

Please Note: The instructions to Schedule C include a reminder to Plan Administrators that "before identifying a Fiduciary or Service Provider as a person who failed or refused to provide information, you should contact the Fiduciary or Service Provider to request the necessary information and tell them that you will list them on the Schedule C as a Fiduciary or Service Provider who failed or refused to provide information if they do not provide the necessary information."

ADP's preparation of a Schedule C doesn't name any Service Provider as having failed to furnish necessary information. If you decide that a Service Provider failed to furnish necessary information (and that the failure wasn't excused with a good-faith disclaimer), you must instruct ADP about exactly what you want to put on this part of Schedule C.

Return to Top

Why you should read everything

While ADP prepares your Schedule C, you as your plan's administrator sign and file your Form 5500, and are responsible for its accuracy and completeness. Also, the Department of Labor expects you to review your plan's expenses periodically to find at least that all direct and indirect fee arrangements are appropriate, and that each Service Provider receives no more than reasonable compensation for the service that it provides. Reading carefully the information reported on Schedule C can help you meet these duties.

Return to Top

Why you should keep records

ERISA § 107 requires everyone that's required to file a Form 5500 to keep at least enough records to support everything reported in the Form 5500 (including a decision about what need not be reported). You must keep these records for at least six years after the filing date.

Example: If you file your plan's 2014 calendar-plan-year Form 5500 on October 15, 2015, you must keep records to support that 2014 report until at least October 15, 2021.

A failure to keep records as required is an ERISA violation.

Return to Top

Questions?

If you have a question or want more information, please contact your ADP Retirement Services Client Services Team.

Return to Top

About this information

ADP Retirement Services provides information (but not advice) to help people use retirement plans. This overview isn't a substitute for getting your own advice. Any information is only a summary, and can't consider your specific situation. All examples are solely for illustration. Any characters or "facts" portrayed are imaginary, and any resemblance to real-life persons or facts is coincidental and not intended.

This overview includes some explanations about relevant law as of the date we prepared it. Although we've tried to be careful, we don't warrant the accuracy or completeness of any information. You should consider that the law could change at any time. We don't give accounting, tax, or legal advice. If you need advice, you should consult your legal advisor.

ADP is not responsible for any information from a source other than ADP.

Return to Top

Appendix: Estimate and Allocation Methods

Some items of reportable Indirect Compensation ADP pays to other Service Providers or that ADP receives from third parties in connection with your Plan may be fixed amounts or per-transaction charges based on transactions or services involving multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan by dividing the total dollar amount of the item of reportable Indirect Compensation by the number of Plans as of December 31 benefitting from the transactions or services.

Some items of reportable Indirect Compensation ADP pays to other Service Providers or that ADP receives from third parties in connection with your Plan may be expressed in dollars and determined based on the assets of multiple plans. ADP estimates the dollar amount of any such item of Indirect Compensation that is reportable with respect to your Plan based on the value of your Plan's assets to which the compensation is attributable compared to the total assets to which the compensation is attributable as of December 31.

If ADP estimates on behalf of another Service Provider your Plan's allocable share of reportable Indirect Compensation received or paid in connection with multiple plans by that Service Provider, we use these same methods.

* * * * * * * * *

If a Service Provider has utilized an estimate or allocation in providing Compensation information and provided an explanation of its methodology to ADP, that explanation is set forth below:

ADP has not received any estimate or allocation methodology explanations as part of the Compensation information provided to ADP by Service Providers.

Return to Top

ADP Retirement Services
71 Hanover Road
Florham Park, NJ 07932

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

Plan Name ECMM SERVICES, INC. 401(K) PLAN **EIN:** 38-3818427
Plan Sponsor's Name ECMM SERVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DODGE & COX INTERNATIONAL STK	REGISTERED INVESTMENT COMPANY		146,823
	VANGUARD TARGET RET 2035 - INV	REGISTERED INVESTMENT COMPANY		14,930
	VANGUARD TARG RET 2060 - INV	REGISTERED INVESTMENT COMPANY		46,093
	VANGUARD TARGET RET 2055	REGISTERED INVESTMENT COMPANY		798
	VANGUARD TOT BND MKT IND- ADM	REGISTERED INVESTMENT COMPANY		201
	VANGUARD TARGET RET 2020 - INV	REGISTERED INVESTMENT COMPANY		49,215
	VANGUARD TARGET RET 2015 - INV	REGISTERED INVESTMENT COMPANY		29,862

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

Plan Name ECMM SERVICES, INC. 401(K) PLAN **EIN:** 38-3818427
Plan Sponsor's Name ECMM SERVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		278,686
	DFA EMERGING MARKETS PORT INST	REGISTERED INVESTMENT COMPANY		17,368
	VANGUARD TARGET RET 2040 - INV	REGISTERED INVESTMENT COMPANY		129,755
	VANGUARD TARGET RET 2025 - INV	REGISTERED INVESTMENT COMPANY		63,188
	JANUS ENTERPRISE FUND N	REGISTERED INVESTMENT COMPANY		32,912
	VANGUARD TARGET RET 2010 - INV	REGISTERED INVESTMENT COMPANY		52
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		132,705

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

Plan Name ECMM SERVICES, INC. 401(K) PLAN **EIN:** 38-3818427
Plan Sponsor's Name ECMM SERVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TARGET RET 2050 - INV	REGISTERED INVESTMENT COMPANY		12,716
	BLK MID CAP VAL OPP INSTL	REGISTERED INVESTMENT COMPANY		22,516
	DEL US GRTH INSTL	REGISTERED INVESTMENT COMPANY		79,080
	VANGUARD TARGET RET 2030 - INV	REGISTERED INVESTMENT COMPANY		90,561
	AMER BEACON LG CAP VAL - INSTL	REGISTERED INVESTMENT COMPANY		27,658
	DFA US TARGETED VAL PORT INST	REGISTERED INVESTMENT COMPANY		5,337
	OPPENHEIMER GLOBAL FUND I	REGISTERED INVESTMENT COMPANY		54,358

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

Plan Name ECMM SERVICES, INC. 401(K) PLAN **EIN:** 38-3818427
Plan Sponsor's Name ECMM SERVICES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD 500 INDEX FUND - ADM	REGISTERED INVESTMENT COMPANY		688,872
	VANGUARD TARGET RET 2045 - INV	REGISTERED INVESTMENT COMPANY		53,997
	PIMCO TOTAL RETURN FUND - INST	REGISTERED INVESTMENT COMPANY		107,595
	VANGUARD TARGET RET INC - INV	REGISTERED INVESTMENT COMPANY		5,820
	JANUS TRITON FUND N	REGISTERED INVESTMENT COMPANY		33,620
	PARTICIPANT LOANS	INTEREST RATES (0.00% TO 0.00%)		51,790
	METLIFE REL ST VAL 25053 - 0	COMMON/COLLECTIVE TRUST		259,071