

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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 <u>03/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>AMS 401(K) RETIREMENT PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>IQOR GLOBAL SERVICES, LLC</u> <u>200 CENTRAL AVE</u> <u>5TH FLOOR</u> <u>ST. PETERSBURG, FL 33701</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/2014</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>59-3592402</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>737-369-0773</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>335900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>03/01/2014</u>		2b Employer Identification Number (EIN) <u>59-3592402</u>		2c Plan Sponsor's telephone number <u>737-369-0773</u>		2d Business code (see instructions) <u>335900</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>03/01/2014</u>											
2b Employer Identification Number (EIN) <u>59-3592402</u>											
2c Plan Sponsor's telephone number <u>737-369-0773</u>											
2d Business code (see instructions) <u>335900</u>											

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	DANIEL BISHOP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	DANIEL BISHOP
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1200
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1200 6a(2) 1008 6b 0 6c 171 6d 1179 6e 4 6f 1183 6g 1074 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 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☒ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☒ Code section 412(e)(3) insurance contracts (3) ☐ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 12/31/2014

A Name of plan <u>AMS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IQOR GLOBAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>59-3592402</u>

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)..... ☐ 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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

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?
15 52 59 60 62 72	RECORDKEEPER	64098	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 12/31/2014		
A Name of plan AMS 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 IQOR GLOBAL SERVICES, LLC		D Employer Identification Number (EIN) 59-3592402

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	525
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)	0	5625
(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)	0	1072148
(9) Value of interest in common/collective trusts	1c(9)		
(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)	0	35701791
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	0	36780089

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	36780089
---	-----------	---	----------

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)	1388154	
(B) Participants	2a(1)(B)	2360975	
(C) Others (including rollovers)	2a(1)(C)	14347	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3763476
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)	35108	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35108
(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)	936355	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		936355
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		980885
c Other income	2c		14324
d Total income. Add all income amounts in column (b) and enter total	2d		5730148

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3749092	
(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)		3749092
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		111034
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)	64098	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64098
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3924224

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1805924
l Transfers of assets:			
(1) To this plan	2l(1)		34974165
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MACCANN PC**

(2) EIN: **43-1947695**

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
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.	X		
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 03/01/2014 and ending 12/31/2014

A Name of plan <u>AMS 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IQOR GLOBAL SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>59-3592402</u>

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	<u>0</u>
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): <u>94-1687665</u>		
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 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): _____

AMS 401(K) RETIREMENT PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2014
(With Independent Auditor's Report Thereon)**

AMS 401(K) RETIREMENT PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statement of Net Assets Available for Benefits as of December 31, 2014	3
Statement of Changes in Net Assets Available for Benefits for the Period March 1, 2014 (Date of Inception) to December 31, 2014	4
Notes to Financial Statements	5 - 11
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	12



Mayer Hoffman McCann P.C.
An Independent CPA Firm

13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhm-pc.com

Independent Auditor's Report

Plan Administrator
AMS 401(k) Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AMS 401(k) Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the period March 1, 2014 (date of inception) to 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from Bank of America, N.A. for the period March 1, 2014 (date of inception) to December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.



Member of Kreston International – a global network of independent accounting firms

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 of Assets (Held at End of Year) as of December 31, 2014, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in black ink that reads "Major Hoffman McCann P.C." The signature is written in a cursive, flowing style.

October 9, 2015
Clearwater, Florida

AMS 401(K) RETIREMENT PLAN

Statement of Net Assets Available for Benefits

December 31, 2014

Investments, at fair value:	
Investments in registered investment company shares	\$ 35,701,791
Investments in cash equivalents	<u>6,150</u>
Total investments	35,707,941
Receivables:	
Employer contributions	19,143
Notes receivable from participants	<u>1,072,148</u>
Total receivables	<u>1,091,291</u>
Net assets available for benefits at fair value	<u><u>\$ 36,799,232</u></u>

AMS 401(K) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

For the Period March 1, 2014 (Date of Inception) to December 31, 2014

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 995,209
Dividends	936,355
Interest on notes receivable from participants	<u>35,108</u>
Total investment income	1,966,672
Contributions:	
Participant	2,360,975
Employer	1,407,297
Rollover	<u>14,347</u>
Total contributions	<u>3,782,619</u>
Total additions to net assets	5,749,291
Deductions from net assets attributed to:	
Benefits paid to participants	3,860,126
Administrative fees	<u>64,098</u>
Total deductions from net assets	<u>3,924,224</u>
Net increase	1,825,067
Plan transfers	34,974,165
Net assets available for benefits at March 1, 2014 (date of inception)	<u>-</u>
Net assets available for benefits at end of year	<u><u>\$ 36,799,232</u></u>

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014

(1) Description of the Plan

The following description of the AMS 401(k) Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document and applicable amendments for a more complete description of the Plan's provisions.

(a) General (New Plan)

The Plan and related trust were established effective March 1, 2014 (Date of Inception) as a spinoff plan from the Jabil 401(k) Retirement Plan (the Jabil Plan) for employees of Jabil Global Services, LLC, Telmar Network Technology, Inc. and any of their United States based wholly owned subsidiaries (collectively the Company, Employer or Sponsor). As part of this spinoff, on the effective date, all previous elections in effect for employees under the Jabil Plan became effective with respect to the AMS 401(k) Retirement Plan. On April 1, 2014, assets in the amount of \$34,826,685 related to participants affected by the spinoff were transferred from the Jabil Plan to the AMS 401(k) Retirement Plan. In a separate transfer on May 19, 2014, assets in the amount of \$147,480 were transferred to the Plan from the Jabil Plan.

The Plan is a defined contribution plan that covers the eligible employees of the Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Bank of America, N.A., the trustee, is responsible for maintaining the investments of the Plan and reporting on the earnings and investments of the Plan.

(b) Participation

Employees other than excluded employees are eligible to participate in the Plan after three months of service. Eligible employees are entered into the Plan immediately following the date on which three months of service have been completed. An employee is an excluded employee if they are a non-resident alien and received no earned income from the employer which constitutes income from within the United States or if they are a leased employee.

(c) Contributions

Employee Contributions: Participants may contribute on a pre-tax basis, up to 75% of their compensation, as defined by the Plan, subject to limitations provided by the Internal Revenue Code of \$17,500 for the 2014 plan year. Additionally, participants over age 50 may make pre-tax catch-up deferrals up to \$5,500 for the 2014 plan year. The Plan contains an automatic enrollment feature of 2% of eligible compensation unless the participant makes a contrary election.

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(1) **Description of the Plan - Continued**

(c) **Contributions - Continued**

Employer Contributions: The Plan provides for discretionary safe harbor matching contributions. For the 2014 plan year, the Company elected to match 100% on the first 3% of contributions and 50% match on the next 2% of contributions. Total safe harbor employer match contributions were approximately \$1,400,000 for the period from the date of inception through December 31, 2014. In addition to the safe harbor match contributions, the Company may make discretionary qualified nonelective contributions to non-highly compensated employees. No such discretionary contributions were made for the year ended December 31, 2014.

Rollover Contributions: The Plan accepts rollovers and direct transfers from other tax-qualified plans.

(d) **Participant Accounts**

A separate account is maintained for each investment option of a participant. Earnings and losses related to each investment option are allocated to each participant based upon their percentage ownership of that fund. All allocations are made on a daily basis.

(e) **Notes Receivable from Participants**

Participants may borrow from their account a minimum of \$1,000 with a maximum equal to the lesser of 50% of the participant's vested account balance or \$50,000 minus the highest outstanding loan balance in the previous 12 months. The loans are secured by the balance in the participant's vested account. A participant may have a maximum number of one loan (either general or residential) outstanding at any given time. Interest rates ranged from 4.25% to 8.75% for the period March 1, 2014 to December 31, 2014. Principal and interest are paid ratably through payroll deductions over a maximum of five years, or 10 years if the proceeds are to be used to acquire a principal residence. However, participants may accelerate their loan repayments directly with the trustee.

(f) **Termination**

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

(g) **Vesting**

Generally, participants are 100% vested in their entire account balance at all times.

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(1) **Description of the Plan - Continued**

(h) **Payment of Benefits**

Except in the case of required minimum distributions, on termination of service for any reason, a participant may elect to receive the value of the participant's vested interest in his or her account either as a lump sum distribution less amounts withheld for taxes or in a direct rollover to an IRA or other qualified retirement plan.

Benefits may be withdrawn before termination of employment when a participant reaches age 59½ or when the participant experiences a financial hardship that qualifies for distribution from the Plan, as defined by the Internal Revenue Code and subject to approval of the Plan administrator.

(i) **Risks and Uncertainties**

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

(2) **Summary of Significant Accounting Policies**

(a) **Basis of Presentation**

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) **Investment Valuation and Income Recognition**

Investments in registered investment companies are valued based on the fair value of the underlying securities. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

(c) **Notes Receivable from Participants**

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(d) **Accounting Estimates**

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

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(e) Administrative Expenses

Administrative expenses of the Plan are either absorbed by the Company or paid out of Plan assets.

(f) Tax Status

Since the Plan is a spinoff from the Jabil Plan, a new IRS determination letter has not yet been obtained. The Jabil Plan obtained its latest determination letter on July 10, 2012 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Jabil Plan has been amended since receiving the determination letter. However, the Plan administrator and the Company's tax counsel that advises the Company with respect to the Plan believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. 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 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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(3) Trustee Certification of Plan Investment (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the Plan's trustee, has certified that the following data included in the accompanying financial statements is complete and accurate:

- Total investments at fair value and notes receivable from participants, as shown in the statement of net assets available for benefits at December 31, 2014;
- Total investment income and related investment activity including dividends and interest on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the period March 1, 2014 (date of inception) to December 31, 2014;
- The Schedule of Assets (Held at End of Year), as of December 31, 2014, as shown in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements and supplemental schedule.

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(4) Investments

The following presents investments, all of which are participant directed, that represent 5% or more of the Plan's net assets as of December 31, 2014:

Investments in registered investment company shares:		
Vanguard Prime Money Market Fund Institutional Shares	\$	2,174,704
Vanguard Target Retirement 2015 Fund		2,155,570
Vanguard Target Retirement 2025 Fund		2,865,004
Vanguard Target Retirement 2030 Fund		3,292,313
Vanguard Target Retirement 2035 Fund		2,764,457
Vanguard Target Retirement 2040 Fund		2,215,518
Vanguard Equity Income Fund Admiral Shares		2,643,371
JP Morgan Large Cap Growth Fund R6		4,116,840

(5) Party-in-Interest Transactions

The Plan has investments in registered investment company shares which are managed by Bank of America, N.A., the trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

(6) Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- a) Quoted prices for similar assets or liabilities in active markets;
- b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- c) Inputs other than quoted prices that are observable for the asset or liability;
- d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(6) Fair Value Measurements - Continued

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

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

Registered Investment Companies: valued at the net asset value of shares held by the plan at year end.

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

Description	Fair Value Measurements at 12/31/2014 Using			
	Assets Measured at Fair Value at 12/31/2014	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Equity/Stock	\$ 14,078,306	14,078,306	-	-
Bond/Fixed Income	2,007,064	2,007,064	-	-
Money Market	2,180,854	2,180,854	-	-
Allocation Funds	17,441,717	17,441,717	-	-
	<u>\$ 35,707,941</u>	<u>35,707,941</u>	<u>-</u>	<u>-</u>

AMS 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(7) Reconciliation of Financial Statements to Form 5500

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

Net assets available for benefits per the financial statements	\$ 36,799,232
Contributions receivable - participant	<u>(19,143)</u>
Net assets available for benefits per Form 5500	<u>\$ 36,780,089</u>
Net increase in net assets available for benefits per the financial statements	\$ 1,825,067
Difference in contributions receivable - participant	<u>(19,143)</u>
Net income per Form 5500	<u>\$ 1,805,924</u>

(8) Subsequent Events

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 9, 2015, the date the financial statements were available to be issued.

AMS 401(K) RETIREMENT PLAN

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

Employer Identification Number (EIN): 59-3592402

Plan Number: 002

December 31, 2014

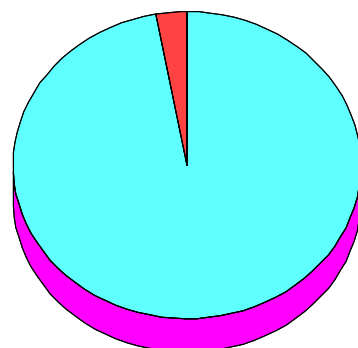
(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
	Vanguard Target Retirement Income Fund	Registered Investment Company	\$ 305,658
	Vanguard Prime Money Market Fund Institutional Shares	Registered Investment Company	2,174,704
	Vanguard Target Retirement 2010 Fund	Registered Investment Company	277,289
	Vanguard Target Retirement 2015 Fund	Registered Investment Company	2,155,570
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	1,563,450
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	2,865,004
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	3,292,313
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	2,764,457
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	2,215,518
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	1,431,367
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	480,388
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	77,549
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	13,154
	Vanguard Extended Market Index Signal Fund	Registered Investment Company	244,346
	Vanguard Institutional Index Fund Institutional Shares	Registered Investment Company	1,426,430
	Vanguard Total Bond Market Index Signal	Registered Investment Company	417,808
	Vanguard Total International Stock Index Signal Fund	Registered Investment Company	187,685
	PIMCO Income Fund - Institutional Class	Registered Investment Company	585,114
	PIMCO Total Return Fund - Institutional Class	Registered Investment Company	1,392,250
	JP Morgan Mid Cap Value Fund - Institutional Class	Registered Investment Company	1,089,376
	Vanguard Equity Income Fund Admiral Shares	Registered Investment Company	2,643,371
	JP Morgan Large Cap Growth Fund R6	Registered Investment Company	4,116,840
	Invesco High Yield Fund R5	Registered Investment Company	197,006
	Templeton Institutional Foreign Smaller Companies	Registered Investment Company	262,173
	American Funds EuroPacific Growth Fund R6	Registered Investment Company	1,481,148
	PRIMECAP Odyssey Aggressive Growth Fund	Registered Investment Company	1,063,208
	T. Rowe Price Small-Cap Value Fund	Registered Investment Company	665,965
	Invesco Developing Markets Fund R5	Registered Investment Company	312,650
*	BIF Money Fund	Money Market Fund	6,150
*	Participant loans	3.25% - 11.50%	1,072,148
			<u>\$ 36,780,089</u>

* Party-in-interest

STATEMENT OF ASSETS
FOR THE PERIOD 03/01/2014 - 12/31/2014

AMS 401(K) RETIREMENT PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



0.02% MONEY MARKET
2.92% LOANS
0.00% ACCURED INCOME

97.07% MUTUAL FUNDS
0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>MONEY MARKET</u>					
BIF MONEY FUND		1.000	5,624.75	5,624.75	0.02%
<u>MUTUAL FUNDS</u>					
PIMCO TOTAL RETURN PORT. INSTL	130,605.0066	10.660	1,409,654.73	1,392,249.37	3.79%
AMERICAN EURO PACIFIC	31,453.5342	47.090	1,553,381.47	1,481,146.93	4.03%
VANGUARD EXTENDED MKT INDX ADM	3,668.3084	66.610	236,913.27	244,346.02	0.66%
VANGUARD 2055 TARGET RETIREMNT	2,424.9086	31.980	76,035.96	77,548.58	0.21%
VANGUARD EQUITY INCOME CL ADM	40,412.3390	65.410	2,570,941.16	2,643,371.09	7.19%
VANGUARD INSTITUTIONAL INDEX	7,560.4513	188.670	1,306,238.01	1,426,430.35	3.88%
VANGUARD TTL BD MRKT INDX ADM	38,436.8197	10.870	412,339.01	417,808.23	1.14%
INVESCO HIGH YIELD FUND CL R5	46,029.5324	4.280	207,989.39	197,006.40	0.54%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 03/01/2014 - 12/31/2014

AMS 401(K) RETIREMENT PLAN

CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
VANGUARD TRGT INCOME RETRMNT	23,676.1034	12.910	300,022.01	305,658.49	0.83%
VANGUARD 2025 TARGET RETIREMNT	173,321.4979	16.530	2,791,754.55	2,865,004.36	7.79%
VANGUARD 2015 TARGET RETIREMNT	140,979.0711	15.290	2,125,828.64	2,155,570.00	5.86%
T ROWE PRICE SMALL CAP VAL FD	14,230.0156	46.800	713,459.46	665,964.73	1.81%
VANGUARD PRIME MONEY CL INSTL	2,174,704.4622	1.000	2,174,704.51	2,174,704.46	5.91%
JP MORGAN MID VALUE INST	29,323.7089	37.150	1,067,329.95	1,089,375.79	2.96%
VANGUARD 2045 TARGET RETIREMNT	76,748.8778	18.650	1,395,199.76	1,431,366.57	3.89%
VANGUARD 2035 TARGET RETIREMNT	154,958.3292	17.840	2,689,776.86	2,764,456.59	7.52%
JPMORGAN LGCP GRO R6	117,825.9755	34.940	3,738,676.34	4,116,839.58	11.19%
PRIMECAP ODYSSEY AGGR GR CL NL	32,286.9233	32.930	1,001,821.19	1,063,208.38	2.89%
TEMPLETON INSTL FRGN SML INSTL	12,604.4604	20.800	280,233.41	262,172.78	0.71%
VANGUARD TOTAL INTL STOCK ADM	7,218.6440	26.000	200,534.56	187,684.74	0.51%
INVESCO DEVELOPING MRKTS CL R5	10,287.9342	30.390	337,870.20	312,650.32	0.85%
VANGUARD 2050 TARGET RETIREMNT	16,218.3735	29.620	468,297.45	480,388.22	1.31%
VANGUARD 2040 TARGET RETIREMNT	74,446.1757	29.760	2,155,119.61	2,215,518.19	6.02%
VANGUARD 2010 TARGET RETIREMNT	10,535.2994	26.320	274,856.07	277,289.08	0.75%
VANGUARD 2030 TARGET RETIREMNT	113,371.6684	29.040	3,203,436.36	3,292,313.25	8.95%
VANGUARD 2020 TARGET RETIREMNT	54,934.9893	28.460	1,523,778.34	1,563,449.80	4.25%
PIMCO INCOME FUND INSTL CL	47,454.5359	12.330	592,776.59	585,114.43	1.59%
VANGUARD 2060 TARGET RETIREMNT	466.4456	28.200	13,085.36	13,153.77	0.04%
TOTAL MUTUAL FUNDS			34,822,054.22	35,701,790.50	97.07%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 03/01/2014 - 12/31/2014

AMS 401(K) RETIREMENT PLAN

CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>LOANS</u>					
LOAN FUND	1,072,148.3800	1.000	1,072,148.38	1,072,148.38	2.92%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	525.0000	1.000	525.00	525.00	0.00%
INVESTMENT TOTAL			35,900,352.35	36,780,088.63	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.02	0.02	0.00%
TOTAL ASSETS			35,900,352.37	36,780,088.65	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity