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
PROVEST LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

4520 SEEDLING CIR
TAMPA, FL 33614

2b Employer Identification Number (EIN)
20-4268980

2c Plan Sponsor's telephone number
813-877-2844

2d Business code (see instructions)
541190

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	LORI LIBURDI
	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**	371
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)**	413
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	343
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	396
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	396
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	261
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	135
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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
PROVEST LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVEST LLC

D Employer Identification Number (EIN)
20-4268980

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

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-832997	261	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5998	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MORGAN STANLEY INS SERVICES INC
34 EXCHANGE PLACE HARBORSIDE FINANC
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3117			3

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

UBS FINANCIAL SERVICES
610 S BRYANT
SANT ANGELO, TX 76904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2881			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	41212
5	Current value of plan's interest under this contract in separate accounts at year end	5	2420702

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ MINIMUM RATE BASIS IS GAM 1994 BASIC TABLE UNISEX WITH PROJECTION FACTORS

b	Premiums paid to carrier	6b	2498
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	0

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	53448
c	Additions: (1) Contributions deposited during the year	7c(1)	-7401		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	562		
	(4) Transferred from separate account	7c(4)	9571		
	(5) Other (specify below)	7c(5)	149		
	▶ LOAN PYMT				
	(6) Total additions			7c(6)	2881
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	56329
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2847		
	(2) Administration charge made by carrier	7e(2)	34		
	(3) Transferred to separate account	7e(3)	14558		
	(4) Other (specify below)	7e(4)	17734		
	▶ ALLOCATED FUNDS PREVIOUSLY REPORTED REMOVED FROM LINE 7				
	(5) Total deductions			7e(5)	35173
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	21156

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
PROVEST LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVEST LLC

D Employer Identification Number (EIN)
20-4268980

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

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(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)

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

(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 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	5103	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	16	Yes [X] No [ ]

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

MESIROW FINANCIAL INVESTMENT MGMT

36-3429599

(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?
27 49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	29	Yes [X] 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
MASSMUTUAL LIFE INSURANCE CO.	15 23 37 38 50 54 55 59 60 62 63 64 65 66 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.
SEE ATTACHED 04-1590850	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	16

(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.
MASS MUTUAL LIFE INSURANCE CO 04-1590850	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MGMT	27 49	29

(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.
MASS MUTUAL LIFE INSURANCE CO 04-1590850	SEE ATTACHED

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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
PROVEST LLC 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
PROVEST LLC

D Employer Identification Number (EIN)
20-4268980

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	2420702

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
PROVEST LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVEST LLC

D Employer Identification Number (EIN)
20-4268980

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)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	52882	87965
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	2058393	2420702
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	53448	21156
(15) Other	1c(15)	0	20056

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2164723	2549879
	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	2164723	2549879

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)	71319	
	(B) Participants	2a(1)(B)	436762	
	(C) Others (including rollovers)	2a(1)(C)	2187	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		510268
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2742	
	(F) Other	2b(1)(F)	1200	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3942
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	88	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		88
	(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)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		132636
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		646934
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	256675	
(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)		256675
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	5103	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5103
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		261778
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		385156
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(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:

		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		5000000
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
PROVEST LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVEST LLC

D Employer Identification Number (EIN)
20-4268980

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): 06-0974148

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):

PROVEST LLC 401(K) PLAN

Financial Statements
and
Supplemental Schedule

December 31, 2014 and 2013
(With Independent Auditor's Report Thereon)

PROVEST LLC 401(K) PLAN

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Mayer Hoffman McCann P.C.
An Independent CPA Firm

13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
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Independent Auditor's Report

Plan Administrator
Provest LLC 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Provest LLC 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Hartford Life Insurance Company by Massachusetts Mutual Life Insurance Company, its administrative services provider, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Hartford Life Insurance Company held the Plan's investment assets as of December 31, 2014 and 2013 and Massachusetts Mutual Life Insurance Company, Hartford Life Insurance Company's administrative services provider, executed investment transactions for the year ended December 31, 2014. The plan administrator has obtained certifications from the trustee 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 trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental 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.



October 7, 2015
Clearwater, Florida

PROVEST LLC 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

Assets		2014	2013
Investments, at fair value:			
Pooled separate accounts	$	2,420,702	2,058,393
Group annuity contract		20,056	17,734
Guaranteed interest account		21,156	35,714
Total investments		2,461,914	2,111,841
Receivables:			
Notes receivable from participants		87,965	52,882
Total assets		2,549,879	2,164,723
Liabilities			
Excess contributions payable		17,467	-
Net assets available for benefits	$	2,532,412	2,164,723

See accompanying independent auditor's report and notes to financial statements.

PROVEST LLC 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$	132,636
Interest from notes receivable from participants		2,742
Dividend and interest income		1,288
Net investment income		136,666
Contributions:		
Participant		419,295
Sponsor		71,319
Rollovers		2,187
Total contributions		492,801
Total additions to net assets		629,467
Deductions from net assets attributed to:		
Benefits paid to participants		256,675
Administrative and other expenses		5,103
Total deductions from net assets		261,778
Net increase in net assets available for benefits		367,689
Net assets available for benefits:		
Beginning of year		2,164,723
End of year	$	2,532,412

(1) Description of Plan

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

(a) General

The Plan is a defined contribution plan adopted January 1, 2007, with an Internal Revenue Code 401(k) provision covering substantially all employees of Provest, LLC (the Company). The Plan is subject to certain provisions of the Employer Retirement Income Security Act of 1974 (ERISA).

The Plan has adopted certain provisions of the Economic Growth and Tax Relief Act of 2001 (EGTRA).

During 2013, the Plan entered into an agreement with Massachusetts Mutual Life Insurance Company, the administrative services provider to Hartford Life Insurance Company, to act as the Plan's trustee and third party administrator. The Plan was amended and restated under a volume submitter plan that is intended to qualify under IRS Code Section 401(a).

(b) Contributions

Participants may contribute 1% - 80% of their eligible compensation on a pre-tax basis, subject to Internal Revenue Service limitations ($17,500 for the year ended December 31, 2014). A participant who has attained age 50 may also make catch-up contributions, subject to IRS limitations ($5,500 for the year ended December 31, 2014). Participants may also contribute a portion of their compensation on a post-tax basis in the form of a Roth 401(k) contribution to the Plan.

The Plan allows the Company to make discretionary matching contributions to employees each year on an annual or periodic basis. From January 1, 2014 through March 31, 2014 and October 1, 2014 through December 31, 2014, the Company elected to match 50% up to 4% of eligible compensation contributed to the plan.

The Company matched a total of $70,169 during the year ended December 31, 2014. In addition to the match contribution, the Company may make discretionary qualified nonelective contributions. No such discretionary contributions were made for the year ended December 31, 2014. The Company contributed $1,150 during the year ended December 31, 2014 to the Plan's forfeiture account.

The Plan also accepts rollovers and direct transfers from other tax-qualified plans.

(1) Description of Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, rollover contributions from other qualified retirement plans, and an allocation of (a) Company matching contributions and (b) Plan earnings. Each participant's account is reduced by benefits paid to the participant and an allocation of investment loss and depreciation in the value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(d) Forfeitures

Terminated participants that are less than 100% vested in the Company's discretionary matching contribution portion of their account will forfeit the non-vested portion of their account. The forfeiture will occur in the Plan year in which the participant receives a distribution of the entire vested account. Forfeitures can be used to reduce future employer matching contributions or offset administrative fees. Forfeited non-vested accounts totaled approximately $650 as of December 31, 2014. Approximately $9,880 and $0 in forfeitures were used to offset employer matching contributions during 2014 and 2013, respectively.

(e) Vesting

Participants are immediately vested in their own elective deferral contributions plus actual earnings thereon. Participants become vested in the Company's discretionary matching contribution and related earnings based on years of service as follows:

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

Participants also become fully vested upon reaching their normal retirement date (age 65), death or retirement due to disability.

(1) Description of Plan - Continued

(f) Hardship Distribution

The Plan allows participants to withdraw a portion of their elective deferral account, rollover contributions, and the vested portion of the Company's discretionary matching contribution account in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to Plan provisions. A participant who receives a hardship withdrawal that includes any elective deferrals is suspended from making any elective deferrals and employee contributions for 6 months after receiving the hardship withdrawal.

(g) Payment of Benefits

Upon termination of service due to death, disability, separation of service or retirement, a participant may elect to receive an amount up to the value of the participant's vested interest in his or her account. The remaining non-vested balance of the account, if any, shall be forfeited. Account balances under $5,000 may be automatically distributed.

The Plan allows participants to withdraw a portion of their account balance. Any hardship or in-service withdrawals are limited and must comply with respect to Plan provisions. Benefits are recorded when paid.

(h) Notes Receivable from Participants

Participants may borrow from their accounts subject to limitations. Loan amounts must be at least $1,000 up to a maximum of 50% of their vested account balance. Loan transactions are treated as a transfer between the investment funds and the participant loan fund. Only one loan per participant may be outstanding at any time. Loan terms range from one to five years, but can be up to ten years for the purchase of a qualified residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates ranged from 4.25% to 5.25% as of December 31, 2014. Principal and interest are paid ratably through payroll deductions.

(i) Investment Options

The Plan permits participants to direct the investment of their elective deferrals and Company discretionary matching contributions into various investments offered by the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation

The Plan's investments are stated at fair value. Realized and unrealized gains and losses represent the change in market value of the investment during the year. Pooled separate accounts are valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares, help by the Plan at year end. The fair value of the guaranteed interest account is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The fair value of the group annuity contract is determined by interest rates, age and life expectancy and changes based on interest rate fluctuations. See Note 10 for discussions on fair value measurement. 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.

(d) Notes Receivable from Participants

The Plan's notes receivable from participants are stated in accordance with FASB Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their principal balance plus any accrued but unpaid interest and to be classified as notes receivables from participants. Interest income related to the notes receivable from participants has been separately presented as interest from notes receivable from participants. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments, the loan balance is reduced and a benefit payment is recorded.

(e) Administrative Expenses

All significant administrative costs related to the Plan are incurred by the Company. Fees charged for payment of benefits and loan processing is charged to those participants.

(2) Summary of Significant Accounting Policies - Continued

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities as stated in the plan agreement. Investment securities are exposed to various risks, such as interest rate, market and credit risk. 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 plan benefits.

(g) Unit Values

Individual participant accounts for the pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

(3) Investments

The following presents investments held at December 31, 2014 and 2013 which individually comprise greater than 5% of the Plan's net assets:

		2014	2013
Pooled separate accounts:			
JPMorgan SmartRetirement 2025 Fund	$	181,572	*
JPMorgan SmartRetirement 2030 Fund		145,708	*
JPMorgan SmartRetirement 2035 Fund		224,798	*
JPMorgan SmartRetirement 2040 Fund		396,121	*
JPMorgan SmartRetirement 2045 Fund		171,154	*
JPMorgan SmartRetirement 2050 Fund		364,273	*
Hartford Target Retirement 2035 Fund		*	177,107
Hartford Target Retirement 2025 Fund		*	111,343
Hartford Target Retirement 2040 Fund		*	323,268
Hartford Target Retirement 2045 Fund		*	276,356
Hartford Target Retirement 2050 Fund		*	126,067
Hartford Target Retirement 2020 Fund		*	166,171
Hartford Target Retirement 2030 Fund		*	269,500
Franklin Growth Fund		158,355	*

** This investment did not represent 5% or more of the Plan's net assets.*

(4) Information Certified by Trustee (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, Hartford Life Insurance Company by Massachusetts Mutual Life Insurance Company, its administrative services provider, the Plan's trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013;
- Net investment income and related investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2014;
- The schedule of assets (held at end of year) as shown in the supplemental schedule as of December 31, 2014.

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 the financial statements and supplemental schedule.

(5) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate, at any time, the Plan subject to provisions of the Employee Retirement Income Security Act of 1974. In the event of plan termination, participants will become 100% vested in their accounts.

(6) Tax Status

The volume submitter plan adopted by the Company received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2008. The determination letter states that the prototype plan, as then designed, is qualified under Section 401(a) of the Internal Revenue Code (Code), and therefore, the related trust is exempt from taxation under Section 501(a) of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believe that the Plan as amended is qualified and the related trust is tax exempt. 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 Internal Revenue Service. 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(7) Parties-in-Interest

As of December 31, 2014, the Plan has investments in pooled separate accounts, a guaranteed interest account and a group annuity contract that are held by Hartford Life Insurance Company and managed by Massachusetts Mutual Life Insurance Company, administrative services provider to Hartford Life Insurance Company, the trustee, as defined by the Plan. These transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. All the aforementioned transactions qualify as party-in-interest transactions as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules.

(8) Excess Contributions Payable

Contributions received from participants for 2014 are net of payments of $17,467 to be made in 2015 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the Plan's statement of net assets available for benefits as excess contributions payable at December 31, 2014.

(9) Reconciliation of Financial Statements to Form 5500

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

		2014	2013
Net assets available for benefits per the financial statements	$	2,532,412	2,164,723
Excess contributions payable not reported on Form 5500		17,467	-
Net assets available for benefits per Schedule H of Form 5500 - Line 1(1)	$	2,549,879	2,164,723

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income of Schedule H of Form 5500 for the year ended December 31, 2014:

Net increase in net assets available for benefits per the financial statements	$	367,689
Excess contribution payable at December 31, 2014 reported on Form 5500		17,467
Net income per Schedule H of Form 5500 - Line 2 (k)	$	385,156

(10) Fair Value Measurements

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

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:

Guaranteed Interest Account: valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The guaranteed interest account promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market value adjustment when funds are withdrawn prior to maturity. Therefore the guaranteed interest account is not considered benefit-responsive and is valued at estimated fair value as determined by the Trustee. The crediting interest rate and the average return was 1.7% for the year ended December 31, 2014.

Group Annuity Contract: valued at cash-out value as determined by the issuer of the group annuity contract based on age, interest rates, and life expectancy which approximates fair value. The group annuity promises contract value for a qualified benefit event (retirement or death); however, there is a possible market value adjustment in the event the group annuity contract is discontinued. Therefore the group annuity contract is not considered benefit-responsive and is valued at the estimated fair value as determined by the Trustee.

(10) Fair Value Measurements - Continued

Pooled Separate Accounts: valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit prices of the underlying investments are traded on an active market.

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

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

		Fair Value Measurements at Reporting Date Using		
Description	**Assets Measured at Fair Value at 12/31/2014**	**Quoted Prices in Active Markets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Pooled separate accounts:				
Large Value	$ 98,501	-	98,501	-
World Allocation	10,221	-	10,221	-
Aggressive Allocation	397	-	397	-
Large Growth	240,525	-	240,525	-
Conservative Allocation	305	-	305	-
Mid-Cap Growth	48,205	-	48,205	-
Target Date	1,561,424	-	1,561,424	-
Moderate Allocation	636	-	636	-
Small Blend	47,900	-	47,900	-
Diversified Emerging Markets	26,686	-	26,686	-
Foreign Large Growth	114,834	-	114,834	-
Small Growth	22,801	-	22,801	-
Inflation-Protected Bond	61,428	-	61,428	-
Intermediate-Term Bond	69,794	-	69,794	-
Multisector Bond	65,331	-	65,331	-
Mid-Cap Value	51,714	-	51,714	-
Group annuity contract	20,056	-	20,056	-
Guaranteed interest account	21,156	-	21,156	-
	$ 2,461,914	-	2,461,914	-

(10) Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

		Fair Value Measurements at Reporting Date Using		
Description	Assets Measured at Fair Value at 12/31/2013	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Foreign Large Value	$ 45,452	-	45,452	-
Large Value	67,069	-	67,069	-
World Allocation	1,529	-	1,529	-
Aggressive Allocation	3,077	-	3,077	-
Large Growth	150,225	-	150,225	-
Conservative Allocation	129	-	129	-
Mid-Cap Growth	27,469	-	27,469	-
Target Date	1,465,990	-	1,465,990	-
Moderate Allocation	107	-	107	-
Small Blend	45,923	-	45,923	-
Diversified Emerging Markets	39,903	-	39,903	-
Foreign Large Growth	41,794	-	41,794	-
Inflation-Protected Bond	50,071	-	50,071	-
Intermediate-Term Bond	45,239	-	45,239	-
Multisector Bond	44,854	-	44,854	-
Mid-Cap Value	29,562	-	29,562	-
Group annuity contract	17,734	-	17,734	-
Guaranteed interest account	35,714	-	35,714	-
	$ 2,111,841	-	2,111,841	-

(11) Subsequent Events

In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through October 7, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

PROVEST LLC 401(K) PLAN

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

Employer Identification Number (EIN): 20-4268960
Plan Number: 001

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	(e) Current Value
	Oppenheimer International Growth Fund	Pooled separate account	$ 58,437
	Franklin Growth Allocation Fund	Pooled separate account	397
	Franklin Income Fund	Pooled separate account	305
	Franklin Growth Fund	Pooled separate account	158,355
	PIMCO Real Return Fund	Pooled separate account	61,428
	Pioneer Strategic Income Fund	Pooled separate account	65,331
	Clearbridge Small Cap Growth Fund	Pooled separate account	22,801
	Blackrock Global Allocation Fund	Pooled separate account	4,719
	Ridgeworth Mid-cap Value Equity Fund	Pooled separate account	39,513
	Ivy Asset Strategy Fund	Pooled separate account	5,502
	American Funds EuroPacific Growth Fund	Pooled separate account	56,397
	Janus Balanced Fund	Pooled separate account	636
	American Century Growth Fund	Pooled separate account	82,170
	Oppenheimer Developing Markets Fund	Pooled separate account	26,686
	Goldman Sachs Growth Opportunities Fund	Pooled separate account	48,205
*	Hartford Equity Income Fund	Pooled separate account	98,501
	Nuveen Small Cap Index Fund	Pooled separate account	47,900
	Goldman Sachs Mid Cap Value Fund	Pooled separate account	12,201
	JPMorgan SmartRetirement 2015 Fund	Pooled separate account	619
	JPMorgan SmartRetirement 2020 Fund	Pooled separate account	18,908
	JPMorgan SmartRetirement 2025 Fund	Pooled separate account	181,572
	JPMorgan SmartRetirement 2030 Fund	Pooled separate account	145,708
	JPMorgan SmartRetirement 2035 Fund	Pooled separate account	224,798
	JPMorgan SmartRetirement 2040 Fund	Pooled separate account	396,121
	JPMorgan SmartRetirement 2045 Fund	Pooled separate account	171,154
	JPMorgan SmartRetirement 2050 Fund	Pooled separate account	364,273
	JPMorgan SmartRetirement 2055 Fund	Pooled separate account	54,098
	JPMorgan SmartRetirement Income Fund	Pooled separate account	4,173
	Delaware Diversified Income Fund	Pooled separate account	69,794
*	Hartford Lifetime Income Fund	Group annuity contract	20,056
*	Hartford Fixed Account	Guaranteed interest account	21,156
			2,461,914
*	Participant loans	Various maturity dates with interest ranging from 4.25% - 5.25%	87,965
			$ 2,549,879

** Party-in-interest*

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

PROVEST LLC 401(K) PLAN (832997)
EIN #: 20-4268980

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$5,102.82**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$5,102.82**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2014 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2014, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$44.05**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (0.372% for 2014) earned on the bank accounts and investments associated with the short-term investment pool for the 2014 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan's/Plan Sponsor's tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2014)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End* *	*Separate Account Charge* **
AMERICAN CENTURY GROWTH R	44-6006315	0.85% x assets	1.47%	0.20%
AMERICAN FUNDS EUROPAC GROWTH R1	95-1411037	1.10% x assets	1.61%	0.20%
BLACKROCK EQUITY DIVIDEND R	13-3806694	0.80% x assets	1.27%	0.20%
BLACKROCK GLOBAL ALLOCATION R	22-2937779	0.80% x assets	1.49%	0.20%
CLEARBRIDGE SM CAP GR R	52-1200960	0.80% x assets	1.47%	0.20%
DELAWARE DIVERSIFIED INCOME R	52-1842569	0.75% x assets	1.15%	0.20%
FIXED ACCOUNT	23-2177800	0.00% x assets	0.00%	0.00%
FRANKLIN GROWTH ALLOCATION R	13-3151768	0.60% x assets plus $12/participant	1.57%	0.20%
FRANKLIN GROWTH R	13-2573775	0.60% x assets plus $12/participant	1.18%	0.20%
FRANKLIN INCOME R	13-2573775	0.60% x assets plus $12/participant	0.97%	0.20%
GOLDMAN SACHS GROWTH OPPS R	13-4166989	0.80% x assets	1.65%	0.20%
GOLDMAN SACHS MID CAP VALUE R	13-4166989	0.80% x assets	1.39%	0.20%
HARTFORD LIFETIME INCOME-R	22-2937447	0.00% x assets	0.00%	0.00%
IVY ASSET STRATEGY R	04-6006759	0.75% x assets	1.33%	0.20%
JANUS BALANCED R	84-0592523	0.75% x assets	1.33%	0.20%
JPMORGAN SMARTRETIREMENT 2010 R2	33-1043149	0.80% x assets	1.37%	0.20%
JPMORGAN SMARTRETIREMENT 2015 R2	33-1043149	0.80% x assets	1.37%	0.20%
JPMORGAN SMARTRETIREMENT 2020 R2	33-1043149	0.80% x assets	1.40%	0.20%
JPMORGAN SMARTRETIREMENT 2025 R2	33-1043149	0.80% x assets	1.44%	0.20%
JPMORGAN SMARTRETIREMENT 2030 R2	33-1043149	0.80% x assets	1.45%	0.20%
JPMORGAN SMARTRETIREMENT 2035 R2	33-1043149	0.80% x assets	1.50%	0.20%
JPMORGAN SMARTRETIREMENT 2040 R2	33-1043149	0.80% x assets	1.53%	0.20%
JPMORGAN SMARTRETIREMENT 2045 R2	33-1043149	0.80% x assets	1.59%	0.20%
JPMORGAN SMARTRETIREMENT 2050 R2	33-1043149	0.80% x assets	1.65%	0.20%
JPMORGAN SMARTRETIREMENT 2055 R2	33-1043149	0.80% x assets	1.73%	0.20%
JPMORGAN SMARTRETIREMENT INC R2	33-1043149	0.80% x assets	1.38%	0.20%
NUVEEN SMALL CAP INDEX R3	41-1418224	0.65% x assets	1.40%	0.20%
OPPENHEIMER DEVELOPING MARKETS R	93-6305075	0.80% x assets	1.87%	0.20%
OPPENHEIMER INTERNAT'L GROWTH R	13-3867060	0.80% x assets	1.40%	0.20%
PIMCO REAL RETURN R	95-2632339	0.65% x assets	1.12%	0.20%
PIMCO TOTAL RETURN R	95-2632339	0.65% x assets	1.10%	0.20%
PIONEER STRATEGIC INCOME R	04-3453709	0.80% x assets	1.34%	0.20%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.40%	0.20%

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2014)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]	*Separate Account Charge*[**]
THE HARTFORD EQUITY INCOME R3	22-2937447	0.85% x assets	1.38%	0.20%
THE HARTFORD TARG RETIRE 2010 R3	22-2937447	0.85% x assets	1.70%	0.20%
THE HARTFORD TARG RETIRE 2015 R3	22-2937447	0.85% x assets	1.67%	0.20%
THE HARTFORD TARG RETIRE 2020 R3	22-2937447	0.85% x assets	1.63%	0.20%
THE HARTFORD TARG RETIRE 2025 R3	22-2937447	0.85% x assets	1.68%	0.20%
THE HARTFORD TARG RETIRE 2030 R3	22-2937447	0.85% x assets	1.66%	0.20%
THE HARTFORD TARG RETIRE 2035 R3	22-2937447	0.85% x assets	1.75%	0.20%
THE HARTFORD TARG RETIRE 2040 R3	22-2937447	0.85% x assets	1.73%	0.20%
THE HARTFORD TARG RETIRE 2045 R3	22-2937447	0.85% x assets	1.90%	0.20%
THE HARTFORD TARG RETIRE 2050 R3	22-2937447	0.85% x assets	1.89%	0.20%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Massachusetts Mutual Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2014 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that some of the funds available through your service contract or arrangement are funds from The Hartford Financial Services Group, Inc.'s proprietary family of mutual funds (The Hartford Mutual Funds). These proprietary mutual funds have contracts for services with companies that are affiliated with Hartford Securities Distribution Company Inc.

The Hartford-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these proprietary mutual funds, see the applicable fund prospectus.

Hartford Affiliate	**Services**	**Compensation**
Hartford Investment Financial Services, LLC	Principal Underwriter to The Hartford Mutual Funds	As Principal Underwriter paid by the Fund in the form of dealer concessions
Hartford Administrative Services Company	Transfer Agent to The Hartford Mutual Funds	Paid by the Fund in the form of fees for services
HL Investment Advisors, LLC	Investment Manager to The Hartford Mutual Funds	Paid by the Fund in the form of investment advisory fees based on assets under management

In addition, please note that some of the funds available through your service contract or arrangement are funds from the Oppenheimer family of mutual funds, which are affiliated with MassMutual (The Oppenheimer Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus.

MassMutual Affiliate	**Services**	**Compensation**
OppenheimerFunds Distributor, Inc.	Principal Underwriter to The Oppenheimer Funds	As Principal Underwriter paid by the Fund in the form of dealer concessions
OFI Global Asset Management, Inc.	Transfer Agent to The Oppenheimer Funds	Paid by the Fund in the form of fees for services
Shareholder Services, Inc. (doing business as	Sub-Transfer Agent to The Oppenheimer Funds	Paid by the Transfer Agent in the

OppenheimerFunds Services)		form of fees for services
OFI Global Asset Management, Inc.	Investment Adviser to The Oppenheimer Funds	Paid by the Fund in the form of investment advisory fees based on assets under management
OppenheimerFunds, Inc.	Sub-Adviser to The Oppenheimer Funds	Paid by the Investment Adviser in the form of investment advisory fees based on assets under management

****Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Recipient: MORGAN STANLEY INS SVCS INC EIN: 51-0116113

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission** Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850 **$3,116.56**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Ethics and Business Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2014 calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Recipient: UBS FINANCIAL SVCS INS AGCY EIN: 51-0120742

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Massachusetts Mutual Life Insurance Company	EIN: 04-1590850	**$2,881.49**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Ethics and Business Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2014 calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee	Payor: Massachusetts Mutual Life Insurance Company	EIN: 04-1590850	**$16.36**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service
Service code: 27

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

MassMutual paid Mesirow an annual flat fee plus a tiered percentage of assets in total equal to 1.445 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to Mesirow's investment advisory services.

Annual platform package fee ("Model My Goals") **$28.65**
Service code: 49

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Massachusetts Mutual Life Insurance Company***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$1,100.00
One-Time Distribution Fee	$3,612.82
Loan Administration Fee	$390.00
Total Direct Revenue:	**$5,102.82**
Grand Total Direct Fees:	**$5,102.82**

PROVEST LLC 401(K) PLAN

Financial Statements
and
Supplemental Schedule

December 31, 2014 and 2013
(With Independent Auditor's Report Thereon)

PROVEST LLC 401(K) PLAN

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Mayer Hoffman McCann P.C.
An Independent CPA Firm

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Independent Auditor's Report

Plan Administrator
Provest LLC 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Provest LLC 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Hartford Life Insurance Company by Massachusetts Mutual Life Insurance Company, its administrative services provider, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Hartford Life Insurance Company held the Plan's investment assets as of December 31, 2014 and 2013 and Massachusetts Mutual Life Insurance Company, Hartford Life Insurance Company's administrative services provider, executed investment transactions for the year ended December 31, 2014. The plan administrator has obtained certifications from the trustee 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 trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental 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.



October 7, 2015
Clearwater, Florida

PROVEST LLC 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

Assets		2014	2013
Investments, at fair value:			
Pooled separate accounts	$	2,420,702	2,058,393
Group annuity contract		20,056	17,734
Guaranteed interest account		21,156	35,714
Total investments		2,461,914	2,111,841
Receivables:			
Notes receivable from participants		87,965	52,882
Total assets		2,549,879	2,164,723
Liabilities			
Excess contributions payable		17,467	-
Net assets available for benefits	$	2,532,412	2,164,723

See accompanying independent auditor's report and notes to financial statements.

PROVEST LLC 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$	132,636
Interest from notes receivable from participants		2,742
Dividend and interest income		1,288
Net investment income		136,666
Contributions:		
Participant		419,295
Sponsor		71,319
Rollovers		2,187
Total contributions		492,801
Total additions to net assets		629,467
Deductions from net assets attributed to:		
Benefits paid to participants		256,675
Administrative and other expenses		5,103
Total deductions from net assets		261,778
Net increase in net assets available for benefits		367,689
Net assets available for benefits:		
Beginning of year		2,164,723
End of year	$	2,532,412

(1) Description of Plan

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

(a) General

The Plan is a defined contribution plan adopted January 1, 2007, with an Internal Revenue Code 401(k) provision covering substantially all employees of Provest, LLC (the Company). The Plan is subject to certain provisions of the Employer Retirement Income Security Act of 1974 (ERISA).

The Plan has adopted certain provisions of the Economic Growth and Tax Relief Act of 2001 (EGTRA).

During 2013, the Plan entered into an agreement with Massachusetts Mutual Life Insurance Company, the administrative services provider to Hartford Life Insurance Company, to act as the Plan's trustee and third party administrator. The Plan was amended and restated under a volume submitter plan that is intended to qualify under IRS Code Section 401(a).

(b) Contributions

Participants may contribute 1% - 80% of their eligible compensation on a pre-tax basis, subject to Internal Revenue Service limitations ($17,500 for the year ended December 31, 2014). A participant who has attained age 50 may also make catch-up contributions, subject to IRS limitations ($5,500 for the year ended December 31, 2014). Participants may also contribute a portion of their compensation on a post-tax basis in the form of a Roth 401(k) contribution to the Plan.

The Plan allows the Company to make discretionary matching contributions to employees each year on an annual or periodic basis. From January 1, 2014 through March 31, 2014 and October 1, 2014 through December 31, 2014, the Company elected to match 50% up to 4% of eligible compensation contributed to the plan.

The Company matched a total of $70,169 during the year ended December 31, 2014. In addition to the match contribution, the Company may make discretionary qualified nonelective contributions. No such discretionary contributions were made for the year ended December 31, 2014. The Company contributed $1,150 during the year ended December 31, 2014 to the Plan's forfeiture account.

The Plan also accepts rollovers and direct transfers from other tax-qualified plans.

(1) Description of Plan - Continued

(c) Participant Accounts

Each participant's account is credited with the participant's contributions, rollover contributions from other qualified retirement plans, and an allocation of (a) Company matching contributions and (b) Plan earnings. Each participant's account is reduced by benefits paid to the participant and an allocation of investment loss and depreciation in the value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(d) Forfeitures

Terminated participants that are less than 100% vested in the Company's discretionary matching contribution portion of their account will forfeit the non-vested portion of their account. The forfeiture will occur in the Plan year in which the participant receives a distribution of the entire vested account. Forfeitures can be used to reduce future employer matching contributions or offset administrative fees. Forfeited non-vested accounts totaled approximately $650 as of December 31, 2014. Approximately $9,880 and $0 in forfeitures were used to offset employer matching contributions during 2014 and 2013, respectively.

(e) Vesting

Participants are immediately vested in their own elective deferral contributions plus actual earnings thereon. Participants become vested in the Company's discretionary matching contribution and related earnings based on years of service as follows:

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

Participants also become fully vested upon reaching their normal retirement date (age 65), death or retirement due to disability.

(1) Description of Plan - Continued

(f) Hardship Distribution

The Plan allows participants to withdraw a portion of their elective deferral account, rollover contributions, and the vested portion of the Company's discretionary matching contribution account in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to Plan provisions. A participant who receives a hardship withdrawal that includes any elective deferrals is suspended from making any elective deferrals and employee contributions for 6 months after receiving the hardship withdrawal.

(g) Payment of Benefits

Upon termination of service due to death, disability, separation of service or retirement, a participant may elect to receive an amount up to the value of the participant's vested interest in his or her account. The remaining non-vested balance of the account, if any, shall be forfeited. Account balances under $5,000 may be automatically distributed.

The Plan allows participants to withdraw a portion of their account balance. Any hardship or in-service withdrawals are limited and must comply with respect to Plan provisions. Benefits are recorded when paid.

(h) Notes Receivable from Participants

Participants may borrow from their accounts subject to limitations. Loan amounts must be at least $1,000 up to a maximum of 50% of their vested account balance. Loan transactions are treated as a transfer between the investment funds and the participant loan fund. Only one loan per participant may be outstanding at any time. Loan terms range from one to five years, but can be up to ten years for the purchase of a qualified residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates ranged from 4.25% to 5.25% as of December 31, 2014. Principal and interest are paid ratably through payroll deductions.

(i) Investment Options

The Plan permits participants to direct the investment of their elective deferrals and Company discretionary matching contributions into various investments offered by the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation

The Plan's investments are stated at fair value. Realized and unrealized gains and losses represent the change in market value of the investment during the year. Pooled separate accounts are valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares, help by the Plan at year end. The fair value of the guaranteed interest account is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The fair value of the group annuity contract is determined by interest rates, age and life expectancy and changes based on interest rate fluctuations. See Note 10 for discussions on fair value measurement. 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.

(d) Notes Receivable from Participants

The Plan's notes receivable from participants are stated in accordance with FASB Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their principal balance plus any accrued but unpaid interest and to be classified as notes receivables from participants. Interest income related to the notes receivable from participants has been separately presented as interest from notes receivable from participants. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments, the loan balance is reduced and a benefit payment is recorded.

(e) Administrative Expenses

All significant administrative costs related to the Plan are incurred by the Company. Fees charged for payment of benefits and loan processing is charged to those participants.

(2) Summary of Significant Accounting Policies - Continued

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities as stated in the plan agreement. Investment securities are exposed to various risks, such as interest rate, market and credit risk. 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 plan benefits.

(g) Unit Values

Individual participant accounts for the pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

(3) Investments

The following presents investments held at December 31, 2014 and 2013 which individually comprise greater than 5% of the Plan's net assets:

		2014	2013
Pooled separate accounts:			
JPMorgan SmartRetirement 2025 Fund	$	181,572	*
JPMorgan SmartRetirement 2030 Fund		145,708	*
JPMorgan SmartRetirement 2035 Fund		224,798	*
JPMorgan SmartRetirement 2040 Fund		396,121	*
JPMorgan SmartRetirement 2045 Fund		171,154	*
JPMorgan SmartRetirement 2050 Fund		364,273	*
Hartford Target Retirement 2035 Fund		*	177,107
Hartford Target Retirement 2025 Fund		*	111,343
Hartford Target Retirement 2040 Fund		*	323,268
Hartford Target Retirement 2045 Fund		*	276,356
Hartford Target Retirement 2050 Fund		*	126,067
Hartford Target Retirement 2020 Fund		*	166,171
Hartford Target Retirement 2030 Fund		*	269,500
Franklin Growth Fund		158,355	*

** This investment did not represent 5% or more of the Plan's net assets.*

(4) Information Certified by Trustee (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, Hartford Life Insurance Company by Massachusetts Mutual Life Insurance Company, its administrative services provider, the Plan's trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013;
- Net investment income and related investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2014;
- The schedule of assets (held at end of year) as shown in the supplemental schedule as of December 31, 2014.

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 the financial statements and supplemental schedule.

(5) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate, at any time, the Plan subject to provisions of the Employee Retirement Income Security Act of 1974. In the event of plan termination, participants will become 100% vested in their accounts.

(6) Tax Status

The volume submitter plan adopted by the Company received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2008. The determination letter states that the prototype plan, as then designed, is qualified under Section 401(a) of the Internal Revenue Code (Code), and therefore, the related trust is exempt from taxation under Section 501(a) of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believe that the Plan as amended is qualified and the related trust is tax exempt. 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 Internal Revenue Service. 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(7) Parties-in-Interest

As of December 31, 2014, the Plan has investments in pooled separate accounts, a guaranteed interest account and a group annuity contract that are held by Hartford Life Insurance Company and managed by Massachusetts Mutual Life Insurance Company, administrative services provider to Hartford Life Insurance Company, the trustee, as defined by the Plan. These transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. All the aforementioned transactions qualify as party-in-interest transactions as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules.

(8) Excess Contributions Payable

Contributions received from participants for 2014 are net of payments of $17,467 to be made in 2015 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the Plan's statement of net assets available for benefits as excess contributions payable at December 31, 2014.

(9) Reconciliation of Financial Statements to Form 5500

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

		2014	2013
Net assets available for benefits per the financial statements	$	2,532,412	2,164,723
Excess contributions payable not reported on Form 5500		17,467	-
Net assets available for benefits per Schedule H of Form 5500 - Line 1(1)	$	2,549,879	2,164,723

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income of Schedule H of Form 5500 for the year ended December 31, 2014:

Net increase in net assets available for benefits per the financial statements	$	367,689
Excess contribution payable at December 31, 2014 reported on Form 5500		17,467
Net income per Schedule H of Form 5500 - Line 2 (k)	$	385,156

(10) Fair Value Measurements

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

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:

Guaranteed Interest Account: valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The guaranteed interest account promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market value adjustment when funds are withdrawn prior to maturity. Therefore the guaranteed interest account is not considered benefit-responsive and is valued at estimated fair value as determined by the Trustee. The crediting interest rate and the average return was 1.7% for the year ended December 31, 2014.

Group Annuity Contract: valued at cash-out value as determined by the issuer of the group annuity contract based on age, interest rates, and life expectancy which approximates fair value. The group annuity promises contract value for a qualified benefit event (retirement or death); however, there is a possible market value adjustment in the event the group annuity contract is discontinued. Therefore the group annuity contract is not considered benefit-responsive and is valued at the estimated fair value as determined by the Trustee.

(10) Fair Value Measurements - Continued

Pooled Separate Accounts: valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit prices of the underlying investments are traded on an active market.

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

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

		Fair Value Measurements at Reporting Date Using		
Description	**Assets Measured at Fair Value at 12/31/2014**	**Quoted Prices in Active Markets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Pooled separate accounts:				
Large Value	$ 98,501	-	98,501	-
World Allocation	10,221	-	10,221	-
Aggressive Allocation	397	-	397	-
Large Growth	240,525	-	240,525	-
Conservative Allocation	305	-	305	-
Mid-Cap Growth	48,205	-	48,205	-
Target Date	1,561,424	-	1,561,424	-
Moderate Allocation	636	-	636	-
Small Blend	47,900	-	47,900	-
Diversified Emerging Markets	26,686	-	26,686	-
Foreign Large Growth	114,834	-	114,834	-
Small Growth	22,801	-	22,801	-
Inflation-Protected Bond	61,428	-	61,428	-
Intermediate-Term Bond	69,794	-	69,794	-
Multisector Bond	65,331	-	65,331	-
Mid-Cap Value	51,714	-	51,714	-
Group annuity contract	20,056	-	20,056	-
Guaranteed interest account	21,156	-	21,156	-
	$ 2,461,914	-	2,461,914	-

(10) Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

		Fair Value Measurements at Reporting Date Using		
Description	Assets Measured at Fair Value at 12/31/2013	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Foreign Large Value	$ 45,452	-	45,452	-
Large Value	67,069	-	67,069	-
World Allocation	1,529	-	1,529	-
Aggressive Allocation	3,077	-	3,077	-
Large Growth	150,225	-	150,225	-
Conservative Allocation	129	-	129	-
Mid-Cap Growth	27,469	-	27,469	-
Target Date	1,465,990	-	1,465,990	-
Moderate Allocation	107	-	107	-
Small Blend	45,923	-	45,923	-
Diversified Emerging Markets	39,903	-	39,903	-
Foreign Large Growth	41,794	-	41,794	-
Inflation-Protected Bond	50,071	-	50,071	-
Intermediate-Term Bond	45,239	-	45,239	-
Multisector Bond	44,854	-	44,854	-
Mid-Cap Value	29,562	-	29,562	-
Group annuity contract	17,734	-	17,734	-
Guaranteed interest account	35,714	-	35,714	-
	$ 2,111,841	-	2,111,841	-

(11) Subsequent Events

In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through October 7, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

PROVEST LLC 401(K) PLAN

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

Employer Identification Number (EIN): 20-4268960
Plan Number: 001

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	(e) Current Value
	Oppenheimer International Growth Fund	Pooled separate account	$ 58,437
	Franklin Growth Allocation Fund	Pooled separate account	397
	Franklin Income Fund	Pooled separate account	305
	Franklin Growth Fund	Pooled separate account	158,355
	PIMCO Real Return Fund	Pooled separate account	61,428
	Pioneer Strategic Income Fund	Pooled separate account	65,331
	Clearbridge Small Cap Growth Fund	Pooled separate account	22,801
	Blackrock Global Allocation Fund	Pooled separate account	4,719
	Ridgeworth Mid-cap Value Equity Fund	Pooled separate account	39,513
	Ivy Asset Strategy Fund	Pooled separate account	5,502
	American Funds EuroPacific Growth Fund	Pooled separate account	56,397
	Janus Balanced Fund	Pooled separate account	636
	American Century Growth Fund	Pooled separate account	82,170
	Oppenheimer Developing Markets Fund	Pooled separate account	26,686
	Goldman Sachs Growth Opportunities Fund	Pooled separate account	48,205
*	Hartford Equity Income Fund	Pooled separate account	98,501
	Nuveen Small Cap Index Fund	Pooled separate account	47,900
	Goldman Sachs Mid Cap Value Fund	Pooled separate account	12,201
	JPMorgan SmartRetirement 2015 Fund	Pooled separate account	619
	JPMorgan SmartRetirement 2020 Fund	Pooled separate account	18,908
	JPMorgan SmartRetirement 2025 Fund	Pooled separate account	181,572
	JPMorgan SmartRetirement 2030 Fund	Pooled separate account	145,708
	JPMorgan SmartRetirement 2035 Fund	Pooled separate account	224,798
	JPMorgan SmartRetirement 2040 Fund	Pooled separate account	396,121
	JPMorgan SmartRetirement 2045 Fund	Pooled separate account	171,154
	JPMorgan SmartRetirement 2050 Fund	Pooled separate account	364,273
	JPMorgan SmartRetirement 2055 Fund	Pooled separate account	54,098
	JPMorgan SmartRetirement Income Fund	Pooled separate account	4,173
	Delaware Diversified Income Fund	Pooled separate account	69,794
*	Hartford Lifetime Income Fund	Group annuity contract	20,056
*	Hartford Fixed Account	Guaranteed interest account	21,156
			2,461,914
*	Participant loans	Various maturity dates with interest ranging from 4.25% - 5.25%	87,965
			$ 2,549,879

** Party-in-interest*