

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>COADVANTAGE 401(K)/PROFIT-SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COADVANTAGE RESOURCES 51, INC.</u> <u>3301 AIRPORT FREEWAY, SUITE 300</u> <u>BEDFORD, TX 76021</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-2569853</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-580-3090</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-2569853</u>	2c Plan Sponsor's telephone number <u>800-580-3090</u>	2d Business code (see instructions) <u>812990</u>	
2b Employer Identification Number (EIN) <u>75-2569853</u>					
2c Plan Sponsor's telephone number <u>800-580-3090</u>					
2d Business code (see instructions) <u>812990</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	JAMES A MUTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	JAMES A MUTZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name ONESOURCE 401(K)/PROFIT SHARING PLA		4b EIN 75-2659853	
		4c PN 333	
5 Total number of participants at the beginning of the plan year		5	5292
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)	3529
a(2) Total number of active participants at the end of the plan year		6a(2)	5157
b Retired or separated participants receiving benefits		6b	8
c Other retired or separated participants entitled to future benefits.....		6c	336
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5501
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	5501
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2066
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	335
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			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 COADVANTAGE 401(K)/PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE RESOURCES 51, INC.	D Employer Identification Number (EIN) 75-2569853

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

LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	VARIOUS		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 461797	(b) Total amount of fees paid 220259
--	---

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
446311			4

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

PINNACLE FINANCIAL SERVICES
1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	157483	TPA SUBSIDY	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

PINNACLE FINANCIAL SERVICES

1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	55541	TPA AWARDS	5

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

LINCOLN FINANCIAL ADVISORS

1300 S. CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5763	NON-MONETARY COMPENSATION TO SALES REP	4

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

GREGORY, SUZANNE J

1402 W HOUSTON
SHERMAN, TX 75092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2857			4

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

MORGAN JR, HENRY A

PO BOX 12117
DALLAS, TX 75225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2717			4

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

SECURITY RESERVE FINANCIAL INC

15110 N DALLAS PKWY #510
DALLAS, TX 75248-4635

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
927			4

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1228			4

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

RAYMOND JAMES & ASSOCIATES INC.

PO BOX 12749
ST PETERSBURG, FL 33733-2749

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1002			4

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

RAYMOND JAMES FINANCIAL SERVICES

TOWER 4 FL 5
880 CARILLON PKWY
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON MONETARY COMP TO SALES REP	4

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474-2901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3656			4

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

FIRST ALLIED SECURITIES INC

655 W BROADWAY FL 12
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
534			4

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

STEVEN L CHAMBERS

4760 PRESTON RD, STE 244-353
FRISCO, TX 75034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
227			4

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

PALMER, VANDI A

811 EAGLE PASS
HEATH, TX 75032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
691			4

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

RAYMOND JAMES FINANCIAL SERVICES

TOWER 4 FL 5
880 CARILLON PKWY
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
332			4

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

MC & H LIFE AGENCY, INC.

8144 WALNUT HILL LN FL 16
DALLAS, TX 75231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
728			4

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

RAYMOND JAMES & ASSOCIATES, INC.

PO BOX 12749
ST PETERSBURG, FL 33733-2749

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	372	MARKETING ALLOWANCE	4

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	311	MARKETING ALLOWANCE	4

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

WORLD EQUITY GROUP INC

1650 N ARLINGTON HEIGHTS RD
ARLINGTON HTS, IL 60004-3962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
520			4

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

STEPHEN L CHAMBERS

4760 PRESTON RD, STE 244-353
FRISCO, TX 75034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	49	MARKETING ALLOWANCE	4

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

WORLD EQUITY GROUP INC

1650 N ARLINGTON HEIGHTS RD
ARLINGTON HTS, IL 60004-3962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	145	MARKETING ALLOWANCE	4

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

FIRST ALLIED SECURITIES INC

UNIT 109
113 MILL PL PKWY
VERONA, VA 24482

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	119	MARKETING ALLOWANCE	4

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

PINNACLE FINANCIAL SERVICES INC

1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	134	MARKETING ALLOWANCE	4

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

SAGEPOINT FINANCIAL INC

PO BOX 53043
PHOENIX, AZ 85072-3043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			4

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

MORGAN JR, HENRY A

PO BOX 12117
DALLAS, TX 75270

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	36	NON-MONETARY COMPENSATION TO SALES REP	4

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

GREGORY, SUZANNE J

1402 W HOUSTON
SHERMAN, TX 75092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	54	NON-MONETARY COMPENSATION TO SALES REP	4

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	36	NON-MONETARY COMPENSATION TO SALES REP	4

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474-2901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	72	NON-MONETARY COMP TO SALES REP	4

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

MC & H LIFE AGENCY INC

8144 WALNUT HILL LN FL 16
DALLAS, TX 75231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMP TO SALES REP	4

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

RAYMOND JAMES & ASSOCIATES INC.

PO BOX 12749
ST PETERSBURG, FL 33733-2749

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMPENSATION TO SALES REP	4

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

STEPHEN L CHAMBERS

4760 PRESTON RD, STE 244-353
FRISCO, TX 75034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMPENSATION TO SALES REP	4

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

PALMER VANDI A

811 EAGLE PASS
HEATH, TX 75032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMPENSATION TO SALES REP	4

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

SECURITY RESERVE FINANCIAL INC

15110 N DALLAS PKWY #510
DALLAS, TX 75248-4635

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMP TO SALES REP	4

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

WORLD EQUITY GROUP INC

1650 N ARLINGTON HEIGHTS RD
ARLINGTON HTS, IL 60004-3962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMPENSATION TO SALES REP	4

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

FIRST ALLIED SECURITIES INC

655 W BROADWAY FL 12
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18	NON-MONETARY COMPENSATION TO SALES REP	4

(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	10945893
5 Current value of plan's interest under this contract in separate accounts at year end	5	71757065

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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 ▶ **GUARANTEED FIXED**

b Balance at the end of the previous year.....	7b	8628627
---	-----------	---------

c Additions: (1) Contributions deposited during the year.....	7c(1)	9329715	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	145699	
(4) Transferred from separate account.....	7c(4)	1331188	
(5) Other (specify below)	7c(5)	1161345	
▶ LOAN PRINCIPAL & INTEREST/TAKEOVER			

(6) Total additions.....	7c(6)	11967947
--------------------------	--------------	----------

d Total of balance and additions (add lines 7b and 7c(6))	7d	20596574
---	-----------	----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9547277
(2) Administration charge made by carrier	7e(2)	100455
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	2949

▶ **TRANSFER OUT**

(5) Total deductions.....	7e(5)	9650681
---------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10945893
---	-----------	----------

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

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

A Name of plan COADVANTAGE 401(K)/PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE RESOURCES 51, INC.	D Employer Identification Number (EIN) 75-2569853	

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
LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

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

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

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

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

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	450632	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PINNACLE FINANCIAL SERVICES INC

59-2438373

(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	SERVICE PROVIDER	74804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STADION MONEY MANAGEMENT

58-2099805

(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?
26	SERVICE PROVIDER	254002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>COADVANTAGE 401(K)/PROFIT-SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COADVANTAGE RESOURCES 51, INC.</u>	D Employer Identification Number (EIN) <u>75-2569853</u>

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: <u>FEDERATED GOVT ULTRASHORT DURATION</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2738105</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK GLBL ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-735</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>287010</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN HIGH INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2409371</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD LIFESTRATEGY MOD GROWTH</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>733992</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION MANAGED CAP PRE</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-723</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1155231</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S & P 500 INDEX</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2570524</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROWTH AND INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1639858</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSERV GRWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 646506
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 507512
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4658228
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1389682
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP CLARION GLOBAL REAL ESTATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534110
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP VANGUARD INTERNATNL EQUITY ETF		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285744
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1343280
a Name of MTIA, CCT, PSA, or 103-12 IE: FTVIPT TEMPLETON GLOBAL BOND SECURI		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444968
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLACKROCK INFLATN PROTECT BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 744451
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1265444

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PROFILE 2010		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77229
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PROFILE 2020		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106824
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PROFILE 2030		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190512
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PROFILE 2040		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 478471
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED CONSERVATIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1668999
a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED MODERATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16690314
a Name of MTIA, CCT, PSA, or 103-12 IE: STADIO MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17146868
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 629350
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2000000
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1630245

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1755527
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2579392
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1276637
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820422
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MANAGED RISK PROFILE 2050**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53929
--------------------------------	------------------------	---

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>COADVANTAGE 401(K)/PROFIT-SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COADVANTAGE RESOURCES 51, INC.</u>		D Employer Identification Number (EIN) <u>75-2569853</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	73650	63774
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	1029228	1424675
	(2) Participant contributions.....	1b(2)	333915	690039
	(3) Other.....	1b(3)	57666	142228
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	1974225	2238359
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	65474603	71757065
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8628627	10945893
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	77571914	87262033

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	48186	144877
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48186	144877

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	77523728	87117156
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4702550	
(B) Participants	2a(1)(B)	8640623	
(C) Others (including rollovers)	2a(1)(C)	1449784	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14792957

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	84820	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84820

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1735003
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16612780

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8198462	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	6972	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8205434
f Corrective distributions (see instructions).....	2f		144182
g Certain deemed distributions of participant loans (see instructions).....	2g		14305
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	531664	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	270881	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		802545
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9166466

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7446314
l Transfers of assets:			
(1) To this plan.....	2l(1)		9065703
(2) From this plan.....	2l(2)		6918589

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **TEMPLETON & COMPANY**

(2) EIN: **14-1918990**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		242144
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?.....		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?.....		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X		

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)
INSPIRITY 401(K) PLAN	76-0178498	001
G&A PARTNERS INC MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
CENTRAL EYE ASSOCIATES PA 401(K) PROFIT SHARING PLAN & TRUST	76-0499226	001
FT BEND CHILD ADVOCATES INC 401(K) PLAN	76-0337426	001

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
-------------------------	-----------------------

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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)
TRINET 401K PLAN	65-0735612	334
RAYCO CONSTRUCTION INC 401K SAVINGS PLAN	75-2460813	001
RONE ENGINEERING SERVICES LTD 401(K) PLAN	34-0210698	001
TADY DEVEOPMENT PARTNERS 401(K) PROFIT SHARING PLAN	20-4438798	001

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

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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)
SIMKINS & ASSOCIATES RETIREMENT PLAN EXCHANGE FOR WALTER PICKETT PLUMBING INC	76-0299522	002

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 COADVANTAGE 401(K)/PROFIT-SHARING PLAN				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 COADVANTAGE RESOURCES 51, INC.				D Employer Identification Number (EIN) 75-2569853	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-1140070					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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): _____

**CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
(FORMERLY, ONE SOURCE 401(k) PROFIT SHARING PLAN)**

REPORT ON AUDITS OF FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN

Table of Contents

	<u>Page</u>
Report of independent auditors	1–2
Financial statements:	
Statements of net assets available for plan benefits	3
Statements of changes in net assets available for plan benefits	4
Notes to financial statements	5–13
Supplemental schedules:	
Schedule H, line 4i – schedule of assets held for investment purposes at end of year	14
Schedule H, line 4j – schedule of reportable transactions	15

Report of Independent Auditors

To the Participants and Beneficiaries
CoAdvantage 401(k)/ Profit Sharing Plan
Bedford, Texas

We were engaged to audit the accompanying financial statements of CoAdvantage 401(k)/Profit Sharing Plan, formerly, OneSource 401(k) Profit Sharing Plan, (the Plan) which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the Plan Custodian, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Plan Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Plan Custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Plan Custodian 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.



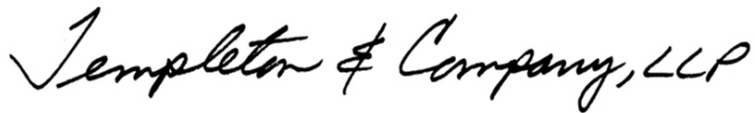
Other Matters

Report on Supplemental Schedules

The supplemental schedules of Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year and Schedule H, line 4j – Schedule of Reportable Transactions as of December 31, 2014 or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Templeton & Company, LLP". The signature is written in a cursive, flowing style.

West Palm Beach, Florida
September 25, 2015

CoADVANTAGE 401(k)/PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2014 and 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Investments, at fair value:		
Pooled separate accounts	\$ 71,757,065	\$ 65,474,602
Guaranteed funds	10,945,893	8,628,628
Non-interest bearing cash	63,774	73,650
Participant notes receivable	<u>2,238,359</u>	<u>1,974,225</u>
	85,005,091	76,151,105
Receivables:		
Employer contributions	1,424,675	1,029,228
Participant contributions	690,039	333,915
Other	<u>142,228</u>	<u>57,666</u>
Total assets	<u>87,262,033</u>	<u>77,571,914</u>

LIABILITIES AND NET ASSETS

Liabilities:		
Refunds payable for excess contributions	<u>144,877</u>	<u>48,186</u>
Net assets available for plan benefits	<u>\$ 87,117,156</u>	<u>\$ 77,523,728</u>

See notes to financial statements.

CoADVANTAGE 401(k)/PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net realized gains and appreciation		
in fair value of investments	\$ 1,735,003	\$ 9,678,696
Interest income on participant notes receivable	<u>84,820</u>	<u>74,720</u>
	<u>1,819,823</u>	<u>9,753,416</u>
Contributions and transfers:		
Participants	8,640,623	7,928,079
Employer	4,702,551	3,927,483
Rollover transfers from other plans	<u>1,449,785</u>	<u>828,058</u>
	<u>14,792,959</u>	<u>12,683,620</u>
Total additions	<u>16,612,782</u>	<u>22,437,036</u>
Deductions from net assets attributed to:		
Benefits paid to participants	8,363,922	7,422,406
Administrative expenses	<u>802,546</u>	<u>742,482</u>
Total deductions	<u>9,166,468</u>	<u>8,164,888</u>
Net increase in net assets before plan transfers	<u>7,446,314</u>	<u>14,272,148</u>
Plan transfers:		
Transfers in from other plans	9,065,703	809,625
Transfers out to other plans	<u>(6,918,589)</u>	<u>(14,095,348)</u>
Total plan transfers, net	<u>2,147,114</u>	<u>(13,285,723)</u>
Net increase in net assets	9,593,428	986,425
Net assets available for plan benefits:		
Beginning of year	<u>77,523,728</u>	<u>76,537,303</u>
End of year	<u>\$ 87,117,156</u>	<u>\$ 77,523,728</u>

See notes to financial statements.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

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

General

The Plan is a defined contribution plan available to members of CoAdvantage Resources 51, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits and workers' compensation to its clients. To reflect the co-employment relationship between the Company, its adopting affiliated companies, if any, and the other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer's adoption agreement. Those entry dates are generally on a quarterly basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

During 2014, the Company changed its name from Odyssey One Source, Inc. to CoAdvantage Resources 51, Inc. As such, the Company amended the Plan to change the name of the Plan from OneSource 401(k) Profit Sharing Plan to CoAdvantage 401(k)/ Profit Sharing Plan.

Contributions

Each year, participants in the Plan may contribute an amount not to exceed 50% of their pretax annual compensation within the limits prescribed by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified defined-benefit or contribution plans. For each of the years ended December 31, 2014 and 2013, individual participants' contributions were limited to \$17,500. Participants who are age 50 and older may also contribute an additional \$5,500 on an annual basis.

Participants may change their contribution percentages at any time or may elect to completely suspend contributions at any time. An employer may also make a discretionary profit-sharing contribution at an amount determined in accordance with the formula specified in the adoption agreement, if so elected in the adoption agreement. An employer may also elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the Internal Revenue Code, if so elected in the adoption agreement. If an employer has elected to make a safe harbor contribution, the employer shall provide each participant with written notice of the participant's rights and obligations under the Plan. Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate employer contributions applicable to the years ended December 31, 2014 and 2013 amounted to \$4,700,254 and \$3,927,483, respectively. Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan, Continued

Participant accounts

Each participant account is credited with the participant's contribution and allocations of: (a) the Company's contribution and (b) Plan earnings or losses. Allocations of fund net earnings or losses are based on the participants' account balances as of the end of each quarter. All participant contributions are participant-directed and may be invested in one fund or allocated among different funds. Participants may change the allocation of contributions among funds pursuant to Plan provisions.

Investment options

Upon enrollment in the Plan, a participant may direct contributions into any of the investment options available in the Plan. Initially, a participant's funds are invested in a Stadion managed account as determined by the plan administrator based upon the age of the participant, until such time as the participant elects to direct contributions into other investment options. The Plan currently offers various pooled separate accounts and contain guaranteed funds as investment options for participants.

Allocation and vesting of benefits

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Employer contributions made on behalf of a participant, and earnings thereon, vest in accordance with the schedule specified in the corresponding employer's adoption agreement. Employers may also elect to make safe harbor contributions with automatic enrollment. Upon making this election, the safe harbor contributions become fully vested after two years of service unless the employer elects to allow the contributions to immediately vest in the participants' accounts.

Forfeitures

Nonvested employer contributions forfeited by participants are used to reduce future employer contributions. Total forfeitures utilized to reduce employer contributions for the years ended December 31, 2014 and 2013 approximated \$2,300 and \$2,000, respectively.

Payments of benefits

On termination of service due to death, disability, retirement, or other reasons, or qualifying under certain "hardship" rules, as prescribed by the Internal Revenue Service, a participant may receive distributions from the Plan equal to the value of the participant's vested interest in his or her account. Distributions may be in the form of a lump-sum payment, or a rollover into another qualified plan. Additionally, participants reaching 59½ years of age may receive in-service distributions from the Plan.

Participant notes receivable

Plan participants may borrow from their fund accounts a minimum of \$500 and up to the lesser of 50% of the value of the participant's vested interest in his or her account or \$50,000. Loan originations and repayments are treated as transfers between investment funds and the participant's loan fund. Loan terms may not exceed five years, except in the case of loans for the purchase of a primary residence which may have terms of up to 10 years. The loans are secured by the balance in a participant's account and bear interest ranging from 4.25%-5.25%. Principal and interest are collected ratably through monthly payroll deductions.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Plan administration

The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, a group of designated employees of the Company act as trustees. The Company contracted with Lincoln National Life Insurance Company (“Lincoln” or “Plan Custodian”) under a group variable annuity contract to act as the Plan’s Custodian. Lincoln will invest each participant’s account balance in separate pooled accounts, or general accounts in the case of the guaranteed funds, as instructed by each participant. The Company contracted with Pinnacle Financial Services, Inc. (“Pinnacle”) to act as the Plan’s third party administrator.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for plan benefits present fair value of the investment contract, which approximated contract value at December 31, 2014 and 2013. The statements of changes in net assets available for plan benefits are prepared on the contract value basis.

Investments valuation and income recognition

The Plan’s pooled separate accounts and guaranteed funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Realized gains and losses on investments are recognized upon the sale of the related investment and unrealized appreciation or depreciation is recognized at period-end when carrying values of the related investments are adjusted to their fair values. Purchases and sales of investments are recorded on a trade-date basis. Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant’s individual account balance to the aggregate of participant account balances.

The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant’s individual account.

Participant notes receivable are valued at their outstanding balances, which approximate fair value.

In accordance with the policy of stating investments at fair value, the Plan presents in the statements of changes in net assets available for plan benefits the net appreciation (depreciation) in the fair value of investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Administrative expenses

Total administrative expenses relating to the Plan and paid by the Plan for the years ended December 31, 2014 and 2013 were \$802,546 and \$742,482, respectively.

Management 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 changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and such differences could be material.

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 not 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.

Risks and uncertainties

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

Payment of benefits to withdrawing participants

The Plan records benefit payments to withdrawing participants when paid.

Uncertain tax positions

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) FASB ASC *Income Taxes* Topic 740, requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the Internal Revenue Service (IRS). In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2014 and 2013, that it would be unable to substantiate.

Concentration of credit risk

Financial instruments which potentially subject the Plan to concentrations of credit risk consist of the Plan's debt securities included in investment vehicles. Management believes that the Plan Custodian maintains the Plan's investments with high credit-quality institutions and attempts to limit the credit exposure of any particular investment.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 3 – Information Prepared and Certified by the Plan Custodian

The following investment information was obtained from data prepared and certified to as complete and accurate by the Plan Custodian as of December 31, 2014 and 2013 and for the years then ended. The following are investments that represent five percent or more of the Plan's net assets available for plan benefits as of December 31, 2014 and 2013:

	2014	2013
Pooled Separate Accounts:		
Stadion Managed Growth SATG	\$ 17,982,516	\$ 19,371,709
Stadion Managed Moderate SATM	16,963,691	15,842,373
Stadion Managed Balanced SATB	4,729,875	3,760,749*
Other	32,144,757	26,573,424
Guaranteed Funds:		
Mgd Prin Protect Portfolio	6,904,058	5,985,007
Guaranteed Interest Account	<u>4,041,835</u>	<u>2,643,618*</u>
Total investments	<u>\$ 82,766,732</u>	<u>\$ 74,176,880</u>

*Investment does not exceed 5% of the Plan's net assets available for Plan Benefits.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Pooled separate accounts	\$ 1,589,304
Guaranteed funds	<u>145,699</u>
Total appreciation	<u>\$ 1,735,003</u>

Note 4 – Fair Value Measurements

ASC 820-10, *Fair Value Measurement*, establishes 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 authoritative guidance describes a fair value hierarchy based on three levels of input, of which the first two are considered observable and the last is considered unobservable, that may be used to measure fair value.

- Level 1 Quoted prices in active markets for identical assets or liabilities.
- Level 2 Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Such valuation methodologies were applied to all of the assets and liabilities carried at fair value. The Plan has an established and well-documented process for determining fair values. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently-sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices and credit curves. In addition to market information, models also incorporate transaction details such as maturity. Valuation adjustments, such as liquidity valuation adjustments, may be necessary when the Plan is unable to observe a recent market price for a financial instrument that trades in inactive (or less active) markets. Liquidity adjustments are not taken for positions classified within Level 1 (as defined above in the fair value hierarchy).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date. Following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled separate accounts

The Plan's pooled separate accounts are valued based upon the units of such pooled separate accounts held by the Plan at year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based upon significant observable inputs, but are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist solely of mutual funds, each of which follows a separate investment strategy. Due to the nature of these securities, there are no unfunded commitments or redemption restrictions. The Plan's pooled separate account investments are considered Level 2 investments as of December 31, 2014 and 2013.

The following table summarizes the Plan's investments based on the valuation methodology applied by the Plan as of December 31, 2014 and 2013:

Description	December 31, 2014			
	Level 1: Quoted prices in markets for identical assets	Level 2: Significant other observable inputs	Level 3: Significant unobservable inputs	Total
Pooled separate accounts	\$ -	\$ 71,757,065	\$ -	\$ 71,757,065
Guaranteed funds	-	-	10,945,893	10,945,893
Non-interest bearing cash	63,774	-	-	63,774
	<u>\$ 63,774</u>	<u>\$ 71,757,065</u>	<u>\$ 10,945,893</u>	<u>\$ 82,766,732</u>

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements and Disclosures, Continued

Description	December 31, 2013			
	Level 1: Quoted prices in markets for identical assets	Level 2: Significant other observable inputs	Level 3: Significant unobservable inputs	Total
Pooled separate accounts	\$ -	\$ 65,474,602	\$ -	\$ 65,474,602
Guaranteed funds	-	-	8,628,628	8,628,628
Non-interest bearing cash	<u>73,650</u>	<u>-</u>	<u>-</u>	<u>73,650</u>
	<u>\$ 73,650</u>	<u>\$ 65,474,602</u>	<u>\$ 8,628,628</u>	<u>\$ 74,176,880</u>

The following is a schedule of the Plan's Level 3 investment activity for the years ended December 31, 2014 and 2013 measured on a recurring basis using significant unobservable inputs:

	2014	2013
Balance as of January 1,	\$ 8,628,628	\$ 2,636,127
Net appreciation	145,699	124,561
Purchases	11,822,247	8,488,100
Settlements	<u>(9,650,681)</u>	<u>(2,620,160)</u>
Balance as of December 31,	<u>\$ 10,945,893</u>	<u>\$ 8,628,628</u>

Note 5 – Guaranteed Funds with Plan Custodian

The Plan has fully benefit-responsive guaranteed investment contracts with Lincoln. Lincoln maintains the contributions in general accounts. The guaranteed investment contracts consist primarily of bonds and mortgages. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contracts issuer is contractually obligated to repay the principal and interest under the terms of the contracts. Contributions received each quarter are credited with the new money interest rate, as described below, during the current quarter and the next three succeeding quarters. Interest rates are declared three weeks before each quarter for (a) contributions received during the current quarter (called the new money interest rate), and (b) contributions for which initial guarantees have expired (called the portfolio interest rate). Initial guarantees expire on contributions made four quarters ago and prior. The portfolio rates are based on the performance of Lincoln's general accounts. The interest rate credited is a blended rate based on the total interest earned under the contracts. At December 31, 2014 and 2013, the blended rate was 1.49% and 2.21%, respectively.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 5 – Guaranteed Funds with Plan Custodian, Continued

Because the guaranteed investment contracts are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statements of net assets available for plan benefits at fair value with an adjustment to contract value in arriving at net assets available for plan benefits. At December 31, 2014 and 2013, contract value approximated fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan document (including complete or partial termination or merger with another plan, (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The Plan's guaranteed fund investments are considered Level 3 investments as of December 31, 2014 and 2013.

Note 6 – Refunds Payable for Excess Contributions

Excess contributions at December 31, 2014 and 2013 were refunded subsequent to year end. The refunds of excess contributions were made within the allowable timeframe in accordance with the Internal Revenue Service guidelines and therefore did not result in any penalties to the Plan or Plan Sponsor.

Note 7 – Plan Termination

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

Note 8 – Plan Transfers

In the normal course of business, the Company adds employers and assets from the individual qualified plans that the added employers previously sponsored are transferred into the Plan, when administratively feasible to do so. Likewise, as employers leave the Company and adopt different qualified plans, assets attributable to these outgoing employers are transferred out of the Plan.

Note 9 – Tax Status

The Employer has established, and intends to maintain, the Plan as a qualified plan under Section 401 of the Internal Revenue Code which provides for exemptions from federal income taxation. The Plan obtained its latest determination letter on December 2, 2013, in which the IRS stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code.

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 10 – Party-In-Interest Transactions

The Plan's investments include shares of pooled separate accounts and guaranteed funds administered by Lincoln National Life Insurance Company. Therefore, transactions in these investments qualify as party-in-interest transactions.

Note 11 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2014 through September 25, 2015, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL SCHEDULES

CoADVANTAGE 401 (k)/PROFIT SHARING PLAN

SPONSOR'S EIN: 75-2569853

PLAN NUMBER: 333

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT

PURPOSES AT END OF YEAR

December 31, 2014

(a) Issuer	Number of Shares	Interest Rate	Market Value
Pooled Separate Accounts:			
Stadion Managed Growth SATG	1,237,630	n/a	\$ 17,982,516
Stadion Managed Moderate SATM	1,274,907	n/a	16,963,691
Fed Gov Ultrashort Dur SA 14	655,237	n/a	2,749,960
Stadion Managed Balanced SATB	409,868	n/a	4,729,875
PIMCO Total Return SALM	177,629	n/a	2,000,000
Franklin High Income SA20	339,305	n/a	2,409,371
* LVIP SSgA S&P 500 Index SA27	1,293,085	n/a	2,580,949
* LVIPBkRk Infltn Protected SA92	49,522	n/a	744,451
Stadion Mgd Conservative SATC	140,524	n/a	1,668,999
Oppenheimer Dvlping Mrkts SA94	44,486	n/a	1,265,444
AmerFunds EuroPac Growth SA54	57,208	n/a	1,389,682
SSgA Russ LC Gr Ix Non_Ln SAL9	70,441	n/a	1,760,740
MFS VIT Growth SA65	57,791	n/a	1,343,280
SSgA Russ LC VI Ix Non-Ln SAL8	66,355	n/a	1,636,506
SSgA S&P MidCp Idx Non-Ln SALA	97,675	n/a	2,584,607
BlackRock Gblal Allocation SALE	27,442	n/a	287,010
* LVIP SSgA Bond Index SAL6	47,516	n/a	639,953
Non-Interest Bearing Cash	63,774	n/a	63,774
Stadion Mgd Cap Pres SATP	110,654	n/a	1,155,231
* LVIP Clarion Gbl Real Est SA55	19,814	n/a	534,110
SSgA Russ SC VI Ix Non-Ln SALB	62,351	n/a	1,281,862
Invesco Growth & Income SA28	358,048	n/a	1,639,858
SSgA Russ SC Gr Ix Non-Ln SALC	35,897	n/a	820,422
VG LifeStrategy Cons Grw SA30	179,895	n/a	646,506
VG LifeStrategy Mod Grw SA21	54,516	n/a	786,361
* LVIP Protected Prof 2040 SAL 4	38,500	n/a	478,471
* LVIP Protected Prof 2030 SAL 3	14,528	n/a	190,512
* LVIP Vanguard Intl Equity SA59	16,379	n/a	296,233
VG LifeStrategy Growth SA32	124,351	n/a	507,512
Temp Gblal Bnd Securities SA86	20,845	n/a	430,447
Temp Gblal Bnd VIP SA86	703	n/a	14,522
* LVIP Protected Prof 2020 SAL 2	8,043	n/a	106,824
* LVIP Protected Prof 2010 SAL 1	5,612	n/a	77,229
* LVIP Protected Prof 2050 SALL	4,415	n/a	53,929
Guaranteed Funds:			
Guaranteed Interest Account	4,041,835	n/a	4,041,835
Managed Principal Protect Portfolio	653,654	n/a	6,904,058
			<u>\$ 82,766,732</u>
Participant Notes Receivable		4.25%-5.25%	<u>\$ 2,238,359</u>

* Indicates party-in-interest to the Plan

** Cost omitted for participant direct investments

CoADVANTAGE 401(k)/ PROFIT SHARING PLAN
SPONSOR'S EIN: 75-2569853
PLAN NUMBER: 333

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2014

NONE

%	COMPANY NAME	EIN
0.36%	FIR/5141, P.A.	275467061
0.04%	FIR/ADVANCE GLOBAL COMMUNICATIONS, INC.	460469997
0.00%	FIR/ADVANCED SPINE & ORTHOPEDIC SPECIALIST	481159703
0.01%	FIR/AEROSPACE INSTRUMENT SUPPORT, INC.	752569845
0.00%	FIR/AERO FOODS, INC.	201487856
0.50%	FIR/AEROWAVE TECHNOLOGIES	752893321
0.00%	FIR/AESTHETIC PLASTIC SURGERY CENTER, L.P.	760657908
0.23%	FIR/AJ LOGISTICS	760541531
0.00%	FIR/AMERICAN LITHO GRAPHICS, INC.	270940521
0.00%	FIR/ALL STATE FIRE EQUIPMENT OF TEXAS, INC.	020755708
0.19%	FIR/ALTIUS CONSULTING, INC.	753267941
0.18%	FIR/AMERICAN SPECTRUM REALTY, INC.	522258674
1.00%	FIR/ANGELA G. BOWERS M.D., P.A. DBA SOUTHLAKE DERMATOLOGY	752791337
0.05%	FIR/REV CAR WASH, LLC	272793778
1.43%	FIR/ARC TERMINALS HOLDINGS, LLC.	260465469
0.67%	FIR/AESTHETIC SMILES OF NEW JERSEY	223654824
0.06%	FIR/AAA TECHNOLOGY & SPECIALITIES CO. INC.	741687742
0.00%	FIR/AVIONICS INTERNATIONAL SUPPLY, INC.	751942090
0.81%	FIR/AVSI GROUP, LLC.	273587088
0.00%	FIR/AZTEC ENVIRONMENTAL SERVICES	752447045
0.16%	FIR/BALDRIDGE MAILING SERVICES, INC.	752558008
0.58%	FIR/BARRON & NEWBURGER, PC	742400211
0.55%	FIR/BECK-FORD CONSTRUCTION, LLC	760226117
0.89%	FIR/BENJAMIN MEDICAL ASSOCIATES, PA	830382143
0.01%	FIR/BEREND TURF ANDTRACTOR, L.P.	202863445
0.00%	FIR/BERRY OAKS PHARMACY, LLC	273027628
1.19%	FIR/BOLEY-FEATHERSTON-HUFFMAN & DEAL CO.	751308225
0.20%	FIR/BOYLES ROOFING AND SHEET METAL, INC.	640639152
0.33%	FIR/BRYAN INSURANCE AGENCY, LTD	752733454
1.03%	FIR/CAMERON WORKS INC	742299267
0.15%	FIR/CENTRAL EYE ASSOCIATES, PA D/B/A EYE TRENDS	760499226
0.20%	FIR/CERTESSENTIALS, LLC DBA ONE STAR INSURANCE SOLUTIONS,	202847208
0.00%	FIR/CESAR REYES, M.D. P.A.	203428324
0.27%	FIR/CHARLES E. BROWN, III, DDS, PLLC.	201272605
1.31%	FIR/CHARTWELL EXECUTIVE SEARCH, LLC.	202975526
0.04%	FIR/CHRIS E. EDMONDSON DDS AND ASSOCIATES, PLLC	460953482
0.33%	FIR/COLLIN COUNTY UROLOGY	751531693
0.06%	FIR/CM1 TECHNOLOGIES, INC DBA CM FIRST GROUP	274188801
0.14%	FIR/COMPA, INC.	752302609
0.82%	FIR/COMMUNITY ASSET MANAGEMENT, INC.	760348337
0.30%	FIR/COMPASS DATACENTER LLC	453020506
0.03%	FIR/COPPELL ASSOCIATES IN FAMILY MEDICINE, P.A.	752537575
0.35%	FIR/COPTIC COMMUNICATIONS, INC.	752309151
0.00%	FIR/CORPORATE LINK, INC.	760361047
0.41%	FIR/WINDHAVEN SURGICAL CENTER	208251890
0.00%	FIR/CTBC, INC.	742668401

0.36% FIR/CTD, INC.	752502059
0.00% FIR/DATA APPLICATIONS CORPORATION	751243745
0.24% FIR/THE MEDICAL OFFICES OF R. DAVID BAUER MD, PLLC	752763764
0.04% FIR/DIAMOND FAB	760460326
1.07% FIR/D & S MACHINE WORKS, INC.	741909179
1.27% FIR/E-CARE MANAGEMENT COMPANY, LP	364575724
0.15% FIR/EKG, LTD.	490246170
3.22% FIR/ELECTRICAL MANUFACTURING AND DISTRIBUTORS, INC.	751940681
1.24% FIR/ENDURANCE RESOURCES, LLC.	320291073
2.03% FIR/ENVIROCON SYSTEMS, INC.	760502330
0.11% FIR/ESCALATION POINT, INC.	263643591
0.99% FIR/EYESIGHT MANAGERS	161645444
0.16% FIR/FAITH IN PRACTICE	760415986
3.45% FIR/FIDELITY BANK	470916810
0.14% FIR/FIRST LONE STAR PHARMACY GROUP II, LLC	801453935
0.03% FIR/FOSSIL CREEK DENTAL PARTNERS, LLP.	200468655
0.00% FIR/FT. BEND COUNTY CHILD ADVOCATES, INC.	760337426
0.45% FIR/GREATER DALLAS OFFICE EQUIPMENT, INC.	752293385
0.42% FIR/GFN MANUFACTURING CORPORATION	455608083
0.00% FIR/GP COOPER INDUSTRIES, INC.	752864545
0.21% FIR/GRAYSON CO. HOME HEALTH, INC.	752883065
0.37% FIR/GREATER NORMAN SURGERY CENTER, LLC	272990999
1.67% FIR/GREENBRIER DEVELOPMENT LLC	204280923
0.08% FIR/GREG W. COX	752022913
0.09% FIR/GREATER ERIE SURGERY CENTER, LLC.	208251988
0.00% FIR/HANCOCK & MYERS	760588052
0.53% FIR/CITYWIDE HOME HEALTH SERVICES, INC.	760470955
0.00% FIR/HINTON AND BAILEY, LLP	741958382
1.34% FIR/HORIZON TECH INDUSTRIES, INC.	752004247
0.05% FIR/HYDE PARK SURGERY CENTER, L.P.	421731685
0.08% FIR/CHECK RE-ENTRY SERVICE, LLC.	760607165
0.41% FIR/IMPRESSIONS IN WOOD, INC.	760356904
0.08% FIR/INSCIO BUSINESS SOLUTIONS, LLC.	208739422
0.40% FIR/JANSEN INTERNATIONAL, LLC.	742101520
0.31% FIR/JBL HOSE SERVICE, LLC	273047126
0.55% FIR/JEFFREY D. RETTIG, D.O, P.A.	742505637
0.39% FIR/JIMCO SALES & MANUFACTURING, INC.	751292034
0.00% FIR/JRB ENGINEERING, LLC.	264047786
0.48% FIR/JUNIPER RESIDENTIAL MANAGEMENT GROUP, LLC.	451349594
1.52% FIR/KIMBROUGH FIRE EXTINGUISHER CO. INC	752018729
0.07% FIR/KINSER CONSTRUCTION	730732015
0.53% FIR/KLAPPRODT POOLS 1, LTD	562613200
0.05% FIR/KLEEN PRODUCTS	730744170
0.17% FIR/KNIGHT WASTE SERVICE, LTD	200074143
0.06% FIR/KNIGHT SECURITY SYSTEMS, LLC	203186490
0.00% FIR/K & R HENSON ENTERPRISES, LLC	462460447
0.11% FIR/LANIER EDUCATION & RESEARCH NETWORK	752076531

0.00% FIR/L' AQUILA, INC.	752784017
0.57% FIR/LEVEL FOUR GROUP, LLC.	522307118
0.06% FIR/LOAN SCIENCE, LLC	263696826
0.00% FIR/4C LONESTAR RANCH & OUTDOORS, INC.	208229512
0.02% FIR/LONGHORN TUBE, LLC.	203363405
0.06% FIR/DALLAS DENTAL ARTS, PLLC	752514752
0.19% FIR/MCDONALD EQUIPMENT COMPANY	341017700
0.17% FIR/MCGINNIS WELDING SUPPLY CO.	751281438
0.00% FIR/MEDWED ENTERPRISES	752517767
0.06% FIR/MERLIN IT SUPPORT, LLC	201250191
0.40% FIR/MICHAEL W. JOHNSTON INVESTMENTS	760499151
0.56% FIR/MICRO INTEGRATION & PROGRAMMING SOLUTION	731431046
0.51% FIR/MILLICAN SOLUTIONS, INC.	752873953
0.48% FIR/MODSIW MANAGEMENT, LLC	451496701
0.07% FIR/MOHRMANN'S DRUG STORE	741727322
0.01% FIR/MORTGAGE CONSULTANTS, LTD.	752104203
0.00% FIR/TDI EMPLOYMENT SERVICES, LLC.	270512887
0.20% FIR/MUV, INC.	752945647
0.35% FIR/NAVIGATION FINANCIAL ADVISORS, INC.	460510955
2.33% FIR/ND SAT COM, INC.	030516135
0.24% FIR/NEW DEAL MERCANTILE, INC.	741757175
0.51% FIR/NEW WIDE INDUSTRIAL (USA) CO., INC.	270865711
0.07% FIR/NIPPON CONCEPT AMERICA, LLC	990373678
0.17% FIR/ODIN TELESYSTEMS, INC.	752516967
0.06% FIR/OPA 1, LTD	760588783
0.35% FIR/ORION PAYMENT SYSTEMS, INC.	760629546
0.09% FIR/OUR FATHER'S CHILDREN, INC.	200647744
0.22% FIR/PALADIN MEDICAL GROUP	454024265
0.00% FIR/PEARLAND PRIMARY CARE ASSOCIATES, LLP	371417354
0.00% FIR/PEDIAPLEX MANAGEMENT LLC	352403461
0.06% FIR/PILGRIM MORTGAGE, LLC.	300382471
0.88% FIR/PLASTIC PIPE INSTITUTE	522165679
0.48% FIR/PLUG AND PLAY HR, LLC.	261439560
6.43% FIR/POST OAK BANK, N.A.	043782870
1.30% FIR/PRESTON ROAD PHARMACY, INC.	751310085
1.32% FIR/PROBE HOLDINGS, INC.	263133676
0.00% FIR/PRO CARE SERVICES, LLC	331106513
3.96% FIR/PROVIDENCE TITLE COMPANY	364627666
2.17% FIR/PROVIDENCE ENERGY CORP.	752493397
0.17% FIR/PUENTE CONCESSION, INC.	752248439
0.00% FIR/PROFESSIONAL ULTRASOUND IMAGING, INC.	205770459
0.00% FIR/QCLINIC, LLC.	260405482
1.29% FIR/RAINTREE HOLDINGS, LLC	453227635
0.32% FIR/RAPIER, WILSON & WENDLAND, P.C.	751486347
0.28% FIR/RAY BALESTERI, P.C.	759076589
0.08% FIR/RAYCO CONSTRUCTION, INC.	752460813
0.23% FIR/RAYMARK MECHANICAL, INC.	760463618

0.58% FIR/R & B CROW PARTNERS, LTD.	752925760
0.00% FIR/RCD INVESTMENTS 2, LTD.	752761076
1.82% FIR/REB TECHNOLOGIES, INC.	752684918
0.11% FIR/REINLAND	752358778
0.00% FIR/RESERVOIR EXPLORATION TECHNOLOGY, INC.	830428896
0.00% FIR/RONE ENGINEERING SERVICES, LTD.	342010698
3.16% FIR/RTI COMMUNITY MANAGEMENT ASSOCIATES, INC.	751892308
0.00% FIR/RUBY EMBROIDERY & GIFTS, INC.	752896961
0.20% FIR/S.C. HYDRAULICS, INC.	760513282
0.59% FIR/SEILEVEL HOLDINGS, INC.	200302461
0.00% FIR/SMART VENTURES, LP	752964631
0.00% FIR/SPARKMAN WELL SERVICE, INC.	742634436
0.76% FIR/SPAULDING FOR CHILDREN	742116380
0.04% FIR/S & R OPERATIONS, INC.	200532035
0.51% FIR/ST. DOMINIC AMBULATORY SURGERY CENTER, LLC	640908713
0.30% FIR/STEELECREEK MANAGEMENT, LLC.	455181336
0.00% FIR/STEPHEN J. FARMER, M.D., P.A.	752423475
0.07% FIR/STONE BOND TECHNOLOGIES, L.P.	030413214
0.00% FIR/STUDIOS 121, INC.	263532727
0.14% FIR/SUN CITY WEST SURGERY CENTER, LLC.	203267444
0.01% FIR/TADY DEVELOPMENT PARTNERS, LLC.	204438798
0.45% FIR/TAIWIND ADVISORS, LLC.	263561950
0.00% FIR/TANKWORKS, INC.	061673989
0.64% FIR/TARGUS ASSOCIATES, LLC	271751226
2.38% FIR/TARRANT COUNTY INFECTIOUS DISEASE ASSOCIATES FORMS	752712328
0.09% FIR/TEKSAVERS, INC.	450462805
0.85% FIR/TEXAS PRIDE FUELS	421647108
0.00% FIR/THERMAL DYNAMICS, INC.	752447828
13.00% FIR/TIGER RISK PARTNERS, LLC.	261845887
0.20% FIR/TILLMAN LEARNING, LLC	274912183
1.16% FIR/TITAN CORRUGATED, INC.	020645140
0.02% FIR/TITANIUM BILLING SERVICES, LLC.	710905170
0.12% FIR/TOM SHARPE CONSTRUCTION, INC.	752628518
0.78% FIR/TOTS AND TYKES PEDIATRICS, P.A.	752941829
0.02% FIR/TROPIC AIR AND HEAT	260468346
2.31% FIR/V3 INSURANCE PARTNERS, INC.	320290684
0.09% FIR/VALLEY VASCULAR SURGEONS, P.C.	860370412
0.34% FIR/VELLEMAN, INC.	752723575
0.30% FIR/CONCRETE IRON, INC.	752026871
0.00% FIR/WALTER PICKETT PLUMBING INC	760299522
0.00% FIR/WAVEFIELD AIM GEOPHYSICAL, INC.	208197999
0.24% FIR/WENAAS USA, INC.	742281832
2.22% FIR/WILLOWBEND INVESTMENTS, INC.	481110937
100.00%	

CoADVANTAGE 401 (k)/PROFIT SHARING PLAN

SPONSOR'S EIN: 75-2569853

PLAN NUMBER: 333

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT

PURPOSES AT END OF YEAR

December 31, 2014

(a) Issuer	Number of Shares	Interest Rate	Market Value
Pooled Separate Accounts:			
Stadion Managed Growth SATG	1,237,630	n/a	\$ 17,982,516
Stadion Managed Moderate SATM	1,274,907	n/a	16,963,691
Fed Gov Ultrashort Dur SA 14	655,237	n/a	2,749,960
Stadion Managed Balanced SATB	409,868	n/a	4,729,875
PIMCO Total Return SALM	177,629	n/a	2,000,000
Franklin High Income SA20	339,305	n/a	2,409,371
* LVIP SSgA S&P 500 Index SA27	1,293,085	n/a	2,580,949
* LVIPBkRk Infltn Protected SA92	49,522	n/a	744,451
Stadion Mgd Conservative SATC	140,524	n/a	1,668,999
Oppenheimer Dvlping Mrkts SA94	44,486	n/a	1,265,444
AmerFunds EuroPac Growth SA54	57,208	n/a	1,389,682
SSgA Russ LC Gr Ix Non_Ln SAL9	70,441	n/a	1,760,740
MFS VIT Growth SA65	57,791	n/a	1,343,280
SSgA Russ LC VI Ix Non-Ln SAL8	66,355	n/a	1,636,506
SSgA S&P MidCp Idx Non-Ln SALA	97,675	n/a	2,584,607
BlackRock Gblal Allocation SALE	27,442	n/a	287,010
* LVIP SSgA Bond Index SAL6	47,516	n/a	639,953
Non-Interest Bearing Cash	63,774	n/a	63,774
Stadion Mgd Cap Pres SATP	110,654	n/a	1,155,231
* LVIP Clarion Gbl Real Est SA55	19,814	n/a	534,110
SSgA Russ SC VI Ix Non-Ln SALB	62,351	n/a	1,281,862
Invesco Growth & Income SA28	358,048	n/a	1,639,858
SSgA Russ SC Gr Ix Non-Ln SALC	35,897	n/a	820,422
VG LifeStrategy Cons Grw SA30	179,895	n/a	646,506
VG LifeStrategy Mod Grw SA21	54,516	n/a	786,361
* LVIP Protected Prof 2040 SAL 4	38,500	n/a	478,471
* LVIP Protected Prof 2030 SAL 3	14,528	n/a	190,512
* LVIP Vanguard Intl Equity SA59	16,379	n/a	296,233
VG LifeStrategy Growth SA32	124,351	n/a	507,512
Temp Gblal Bnd Securities SA86	20,845	n/a	430,447
Temp Gblal Bnd VIP SA86	703	n/a	14,522
* LVIP Protected Prof 2020 SAL 2	8,043	n/a	106,824
* LVIP Protected Prof 2010 SAL 1	5,612	n/a	77,229
* LVIP Protected Prof 2050 SALL	4,415	n/a	53,929
Guaranteed Funds:			
Guaranteed Interest Account	4,041,835	n/a	4,041,835
Managed Principal Protect Portfolio	653,654	n/a	6,904,058
			<u>\$ 82,766,732</u>
Participant Notes Receivable		4.25%-5.25%	<u>\$ 2,238,359</u>

* Indicates party-in-interest to the Plan

** Cost omitted for participant direct investments

Attachment to 2014 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name COADVANTAGE 401(k)/PROFIT-SHARING PLAN

EIN: 75-2569853

Plan Sponsor's Name COADVANTAGE RESOURCES 51, INC.

PN: 333

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	0	242,143	0	0