Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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

5613 DTC BOULEVARD
SUITE 600
GREENWOOD VILLAGE, CO 80111

2b Employer Identification Number (EIN)
20-4029426

2c Plan Sponsor's telephone number
303-337-0400

2d Business code (see instructions)
524210

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	PAMELA HETTLINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	PAMELA HETTLINGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	192
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)**	175
a(2) Total number of active participants at the end of the plan year	**6a(2)**	209
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	16
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	226
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	226
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2F 2G 2K 2R 3D 3H 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) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED FINANCIAL SETTLEMENTS

D Employer Identification Number (EIN)
20-4029426

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 64 72	CONTRACT ADMINISTRATOR	23485	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST WESTERN TRUST BANK

27-0083757

(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?
50	INVESTMENT ADVISOR	18014	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC

94-1737782

(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?
53 59	INVESTMENT ADVI	55	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

(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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COHEN & STEERS REALTY SHARES FUND 01-3335336	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS SMALL CAP VALUE FUND 13-5108880	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAZARD INTL STRATEGIC EQUITY FD 20-0169148	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RIDGEWORTH MID CAP VALUE EQUITY FD 23-2678674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN LARGE CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN SMALL CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY EQUITY INCOME FUND 43-1646043	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY HERITAGE FUND 44-6006315	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INTERNATIONAL VALUE FUND 85-0451747	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER DEVELOPING MARKETS FUND 93-6305075	BASIS POINTS * PLAN ASSETS

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED FINANCIAL SETTLEMENTS

D Employer Identification Number (EIN)
20-4029426

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	73129	81048
(2) Participant contributions	1b(2)	25364	43339
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	308332	394757
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21113818	24628000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	623082	709223

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	22143725	25856367
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22143725	25856367

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	81048	
	(B) Participants	2a(1)(B)	1276259	
	(C) Others (including rollovers)	2a(1)(C)	143129	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1500436
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)	14521	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14521
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	657978	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		657978
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		1065246
c Other income	2c		86141
d Total income. Add all **income** amounts in column (b) and enter total	2d		3324322
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2289856	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2289856
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3070	
(3) Investment advisory and management fees	2i(3)	38429	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41499
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2331355
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		992967
l Transfers of assets:			
(1) To this plan	2l(1)		2719675
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GHP HORWATH, P.C. **(2)** EIN: 84-1456277

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		7836
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	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)

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
INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTEGRATED FINANCIAL SETTLEMENTS

D Employer Identification Number (EIN)
20-4029426

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Crowe GHP Horwath

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

YEAR ENDED DECEMBER 31, 2014

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Crowe GHP Horwath

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INDEPENDENT AUDITORS' REPORT

The Plan Administrators and Participants of
Integrated Financial Settlements, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Integrated Financial Settlements, Inc. 401(k) Plan (the "Plan"), which comprise the statements of assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 administrators 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 State Street Bank and Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrators that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrators have obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrators by the custodian is complete and accurate.

GHP Horwath, P.C. is a member firm of Crowe Horwath International, a Swiss verein (Crowe Horwath). Each member firm of Crowe Horwath is a separate and independent legal entity. GHP Horwath, P.C. and its affiliates are not responsible or liable for any acts or omissions of Crowe Horwath or any other member of Crowe Horwath and specifically disclaim any and all responsibility or liability for acts or omissions of Crowe Horwath or any other Crowe Horwath member.

Crowe GHP Horwath

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, line 4i – Schedule of assets (held at end of year), Schedule H, Line 4a – Schedule of delinquent participant contributions and Schedule H, line 4j – Schedule of reportable transactions, as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) 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 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.

Crowe Horwath, P.C.

October 12, 2015

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets:		
Investments, at fair value (Notes 3 and 4)	$ 25,337,223	$ 21,736,900
Receivables:		
Participant contributions	43,339	25,364
Employer contributions	81,048	73,129
Notes receivable from participants (Note 3)	394,757	308,332
Total receivables	519,144	406,825
Assets available for benefits	$ 25,856,367	$ 22,143,725

See notes to financial statements.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

STATEMENT OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2014

Additions:		
Investment income (Note 3):		
Net appreciation in fair value of investments	$	1,151,387
Dividends and interest		657,978
Interest income on notes receivable from participants (Note 3)		14,521
		1,823,886
Contributions:		
Participants		1,276,259
Rollover		143,129
Employer		81,048
		1,500,436
Total additions		3,324,322
Deductions:		
Benefits paid to participants		2,289,856
Administrative expenses		41,499
Total deductions		2,331,355
Net increase		992,967
Transfer of assets to this plan		2,719,675
Assets available for benefits:		
Beginning of year		22,143,725
End of year	$	25,856,367

See notes to financial statements.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. Description of the Plan:

The following description of the Integrated Financial Settlements, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan. The Plan covers all employees of Integrated Financial Settlements, Inc. ("IFS"), EPS Settlement Group, Inc. ("EPS"), Structured Financial Associates, Inc. ("SFA"), and Millennium Settlements, Inc. ("MSI") (collectively the "Company" or the "Employer") who are age eighteen or older. Effective January 1, 2014, employees of JMW Settlements, Inc. ("JMW") are also covered by the Plan and in March 2014, $2,719,675 in assets were transferred to the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA"). The Plan is administered by an Employee Benefits Administrator Committee (the "Plan Administrators") comprised of persons appointed by the Company. The Plan Administrators are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitors investment performance. The trust department of an independent third-party investment management services company is the Plan's trustee.

Contributions:

Each year, eligible participants may elect to make pre-tax and after tax contributions of their annual compensation, as defined in the Plan, up to a maximum amount adjusted annually by the Internal Revenue Service ("IRS"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans ("rollover").

The Company may make a discretionary matching contribution to Plan participants as determined by the Company annually. For the years ended December 31, 2014 and 2013, the Company declared a discretionary matching contribution equal to the lesser of 10% of a participant's contribution or 10% of 6% of the participant's eligible compensation, as defined. Contributions are subject to certain IRS limitations.

Investment options:

Participants direct the investment of their contributions and Employer contributions into various investment options offered by the Plan. A self-directed brokerage account allows participants to direct the investment of his or her contributions among individual stocks, bonds, mutual funds or exchange-traded funds.

1. **Description of the Plan (continued):**

Participant accounts:

Each participant's account is credited or charged with the participant's contributions and allocations of the Employer's contributions, if any; Plan earnings or losses; and administrative expenses that are paid by the Plan.

Allocations are based on account balances, participant elective deferrals, participant compensation, or specific transactions, as defined. With the exception of the self-directed brokerage accounts, investment income is allocated to each participant's account based on the participant's account balance in each Plan investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting:

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

Notes receivable from participants:

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at current market rates, as defined by the Plan, determined at the date of the loan. All loans must have a definite repayment schedule, generally not exceeding five years. Loans outstanding at December 31, 2014, bear interest at a rate of 4.25%. Principal and interest is paid ratably through biweekly or semi-monthly payroll deductions.

Payment of benefits:

On termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or an annuity, as defined by the Plan. A participant may also elect to receive his or her benefits as a direct rollover to an IRA or another qualified plan.

Forfeited accounts:

Forfeitures are primarily the result of transferred funds from other plans. Forfeited accounts will be used to reduce future Employer matching contributions. At December 31, 2014, there was no balance in the forfeiture account.

2. **Summary of accounting policies:**

Basis of accounting:

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

Use of estimates:

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

Investment valuation and income recognition:

The Plan's investments 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. The plan administrators determine the Plan's valuation policies utilizing information provided by an investment advisor, the custodian and recordkeeper. See Note 4 for a discussion of fair value measurements.

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

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits:

Benefits are recorded when paid.

2. **Summary of accounting policies (continued):**

Administrative expenses:

The Plan's administrative expenses are paid by either the Plan or the Employer, as provided in the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in assets available for benefits. In addition, investment related expenses are included in net appreciation in fair value of investments.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Investment fees related to self-directed brokerage accounts are paid from the individual's accounts. Consequently, investment income is reflected net of certain management fees and operating and investment expenses.

Recent accounting pronouncements:

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standard Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* ASU No. 2015-07 removes the requirement to include investments in the fair value hierarchy for which the fair value is measured at net asset value ("NAV") using the practical expedient *under Fair Value Measurements and Disclosures (Topic 820).* ASU No. 2015-07 is effective for fiscal years beginning after December 15, 2016, and is required to be applied retrospectively to all periods presented. Early adoption is permitted. Since ASU No. 2015-07 will only impact the Plan's disclosures, adoption will not affect the Plan's financial condition or performance.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting*, which includes *Defined Contribution Pension Plans (Topic 962).* ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, and is required to be applied retrospectively to all periods presented. Early application is permitted. Since ASU No. 2015-12 will only impact the Plan's disclosures, adoption will not affect the Plan's financial condition or performance.

Subsequent events:

The Company has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

3. Certified information (unaudited):

The financial information related to investments, notes receivable from participants, investment income, and interest income on notes receivable from participants included in the Plan's financial statements, the supplemental schedule of assets (held at end of year), the supplemental schedule of reportable transactions and the investment values included in Note 4, was obtained or derived from information supplied to the Company and certified as complete and accurate by State Street Bank and Trust Company ("State Street"), the custodian of the Plan.

The following presents investments that represent 5% or more of the Plan's assets:

	2014	2013
Vanguard Large Cap Index Signal Fund	$ 4,377,356	$ 3,961,096
Vanguard Prime Money Market Fund	$ 2,252,509	$ 2,483,840
Vanguard Small-Cap Index Fund Investor Shares	$ 2,021,663	$ 2,070,451
JP Morgan Large Cap Growth Fund	$ 1,523,520	$ 1,607,994
Vanguard Target Retirement 2020 Fund	$ 2,693,546	$ 1,401,846
Vanguard Mid Cap Index Fund	$ 1,553,087	$ 1,378,099
Vanguard Total Bond Market Index Fund	$ 1,306,656	
Lazard International Strategic Equity Fund	$ 1,464,212	
Thornburg International Value		$ 1,268,173
American Century Equity Income Instl		$ 1,247,862

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 by $1,151,387, as follows:

Mutual funds	$ 1,117,239
Common stocks	34,148
	$ 1,151,387

4. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

4. Fair value measurements (continued):

Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; and • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange-traded fund: Valued at the closing price reported on the active market on which the individual shares are traded.

4. Fair value measurements (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Level	2014	2013
Mutual funds:			
Blend funds	1	$ 9,416,576	$ 7,409,646
Balanced funds	1	6,282,158	3,660,197
Growth funds	1	2,574,526	3,957,842
Money market fund	1	2,252,509	2,483,840
Bond funds	1	2,117,975	1,859,226
Value funds	1	1,572,291	1,443,232
Real estate fund	1	411,965	299,835
Total mutual funds		24,628,000	21,113,818
Self-directed accounts:			
Mutual fund:			
Money market fund	1	224,926	213,366
Common stocks:			
Technology	1	244,409	231,662
Services	1	180,565	132,217
Other	1	34,968	45,837
Exchange-traded fund	1	24,355	
Total self-directed accounts		709,223	623,082
Total investments at fair value		$ 25,337,223	$ 21,736,900

5. Related-party transactions:

Certain fees, including legal, accounting and other professional services rendered by parties-in-interest were paid by the Employer on behalf of the Plan.

The Plan's investments are managed by State Street. State Street is the custodian for the Plan's investments and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services totaled approximately $38,000 for the year ended December 31, 2014.

Notes receivable from participants also qualify as party-in-interest transactions.

6. Plan termination:

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

7. Income tax status:

The Company adopted a prototype non-standardized 401(k) plan that received an advisory letter from the Internal Revenue Service which stated that the Plan is designed and qualifies under section 401(a) of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax-exempt.

Management assesses the likelihood of the financial statement effect of a tax position that should be recognized when it is more likely than not that the position will be sustained upon examination by a taxing authority based on the technical merits of the tax position, circumstances, and information available as of the reporting date. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, management believes that the Plan is no longer subject to income tax examinations for years prior to 2011.

8. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with certain investment securities, and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of assets available for benefits.

9. Prohibited transactions:

During the year ended December 31, 2014, the Company failed to timely remit certain employee contributions to the Plan totaling $7,836. DOL Regulation 29 CFR 2510.3-102 states that an employer is required to remit employee contributions to the Plan as soon as it is practicable, but in no event later than the 15th business day following the end of the month. These contributions were remitted to the Plan by the Company in September 2015. Lost earnings calculated by the Company of $287 were remitted to the Plan by the Company in September 2015.

SUPPLEMENTAL SCHEDULES

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
EIN 20-4029426
PLAN NUMBER 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	The Vanguard Group	Large Cap Index Signal Fund	$ 4,377,356
	The Vanguard Group	Prime Money Market Fund	2,252,509
	The Vanguard Group	Small-Cap Index Fund Investor Shares	2,021,663
	JP Morgan	JP Morgan Large Cap Growth Fund	1,523,520
	The Vanguard Group	Target Retirement 2020 Fund	2,693,546
	The Vanguard Group	Mid Cap Index Fund	1,553,087
	American Century	American Century Equity Income Instl	1,282,025
	The Vanguard Group	Total Bond Market Index Fund	1,306,656
	Allianz Global Investors	PIMCO Total Return Fund	811,319
	JP Morgan	JP Morgan Small Cap Growth Fund	734,191
	The Vanguard Group	Target Retirement 2025 Fund	504,922
	The Vanguard Group	Target Retirement 2035 Fund	494,545
	The Vanguard Group	Target Retirement 2030 Fund	837,510
	Cohen & Steers	Cohen & Steers Realty Shares Fund	411,965
	The Vanguard Group	Target Retirement 2010 Fund	285,187
	Oppenheimer	Oppenheimer Developing Markets Fund	308,062
	The Vanguard Group	Target Retirement 2045 Fund	388,664
	The Vanguard Group	Target Retirement Income	172,763
	The Vanguard Group	Target Retirement 2015 Fund	245,416
	The Vanguard Group	Target Retirement 2040 Fund	172,148
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	155,941
	RidgeWorth	RidgeWorth Mid-Cap Value Equity Fund	134,325
	The Vanguard Group	Target Retirement 2050 Fund	487,457
	American Century	American Century Heritage Fund	8,753
	Lazard	Lazard International Strategic Equity Fund	1,464,212
	The Vanguard Group	Vanguard Large Cap Index Fund	258
	Charles Schwab	Self-Directed Brokerage Account	709,223
*	Participant loans	4.25%, various terms	394,757
			$ 25,731,980

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

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2014

EIN 20-4029426
PLAN NUMBER 001

Participant contributions transferred late to the Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
$ 8,123	$ -	$ 8,123	$ -	$ -

Late contributions of $7,836 related to the 2014 Plan year were remitted in the 2015 Plan year.
Lost earnings related to these contributions totaling $287 were remitted in 2015.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014
EIN 20-4029426
PLAN NUMBER 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Lazard	Lazard International Strategic Equity Fund	$ 1,465,850	$ -	$ -	$ -	$ -	$ -	$ -
Thornburg	Thornburg International Value	348,702	1,467,332	-	-	1,292,386	1,467,332	174,946
The Vanguard Group	Target Retirement 2050 Fund	1,502,171	3,678	-	-	3,664	3,678	14

A Name of Plan	B Three-digit plan Number
Integrated Financial Settlements, Inc. 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Integrated Financial Settlements	**204029426**

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Century	431646043		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to American Century Equity Income Fund (MF-1096).
American Century	446006315		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to American Century Heritage Fund (MF-CGQ).
Charles Schwab & Co., Inc.	941737782		Disclosure previously provided by CS&Co and its affiliates EIN 941737784
Charles Schwab & Co., Inc.	941737782		Disclosure previously provided by CSIM and its affiliates EIN 943106735
Charles Schwab & Co., Inc.	941737782		Schwab Rate of 0.22% of average daily balance of asset(s)
Cohen & Steers	013335336		MassMutual provided the Plan with the required written disclosure for Management Fees received by Cohen & Steers with respect to Cohen & Steers Realty Shares Fund (MF-1110).
Goldman Sachs	135108880		MassMutual provided the Plan with the required written disclosure for Management Fees received by Goldman Sachs with respect to Goldman Sachs Small Cap Value Fund (MF-631).
JP Morgan	263613641		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Large Cap Growth Fund (MF-1294).
JP Morgan	263613641		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Growth Fund (MF-1159).
Lazard	200169148		MassMutual provided the Plan with the required written disclosure for Management Fees received by Lazard with respect to Lazard Intl Strategic Equity Fd (MF-2371).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to Cohen & Steers Realty Shares Fund (MF-1110).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Large Cap Growth Fund (MF-1294).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Small Cap Growth Fund (MF-1159).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to American Century Equity Income Fund (MF-1096).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Goldman Sachs Small Cap Value Fund (MF-631).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Lazard Intl Strategic Equity Fd (MF-2371).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer Developing Markets Fund (MF-C).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (35 basis points * plan assets) with respect to American Century Heritage Fund (MF-CGQ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (40 basis points * plan assets) with respect to Thornburg International Value Fund (MF-CJ).

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Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (50 basis points * plan assets) with respect to Ridgeworth Mid Cap Value Equity Fd (MF-M8).
Oppenheimer	936305075	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Developing Markets Fund (MF-C).
PIMCO Funds	330239892	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Total Return Fund (MF-165).
RidgeWorth	232678674	MassMutual provided the Plan with the required written disclosure for Management Fees received by RidgeWorth with respect to Ridgeworth Mid Cap Value Equity Fd (MF-M8).
Thornburg	850451747	MassMutual provided the Plan with the required written disclosure for Management Fees received by Thornburg with respect to Thornburg International Value Fund (MF-CJ).
Vanguard	200147814	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement Incm Fd (MF-618).
Vanguard	204683839	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2010 Fd (MF-620).
Vanguard	204683964	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2020 Fd (MF-622).
Vanguard	204683985	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2030 Fd (MF-624).
Vanguard	204684039	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2040 Fd (MF-626).
Vanguard	204684087	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2050 Fd (MF-628).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Developed Markets Index Fd (MF-2087).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Total Bond Mrkt Index Fund (MF-1081).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Closed Vanguard Large Cap Inde (MF-1253).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Large Cap Index Fund (MF-2069).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Mid Cap Index Fund (MF-949).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2015 Fd (MF-621).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2025 Fd (MF-623).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2035 Fd (MF-625).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2045 Fd (MF-627).
Vanguard	236607979	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Prime Money Market Fund (MF-948).
Vanguard	520794097	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Index Fund (MF-947).

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A Name of Plan	B Three-digit plan Number
Integrated Financial Settlements, Inc. 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Integrated Financial Settlements	**204029426**

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual Premier	Holding Account - MF-G	0	0
*	Vanguard	MF-1081	1,310,111	1,306,656
*	American Century	MF-1096	1,132,919	1,282,025
*	Cohen & Steers	MF-1110	359,136	411,965
*	JP Morgan	MF-1159	632,307	734,191
*	Vanguard	MF-1253	0	0
*	JP Morgan	MF-1294	1,050,119	1,523,520
*	PIMCO Funds	MF-165	836,277	811,319
*	Vanguard	MF-2069	4,186,012	4,377,356
*	Vanguard	MF-2087	266	258
*	Lazard	MF-2371	1,577,178	1,464,212
*	Vanguard	MF-618	164,447	172,763
*	Vanguard	MF-620	265,170	285,187
*	Vanguard	MF-621	221,643	245,416
*	Vanguard	MF-622	2,430,029	2,693,546
*	Vanguard	MF-623	401,128	504,922
*	Vanguard	MF-624	745,005	837,510
*	Vanguard	MF-625	402,446	494,545
*	Vanguard	MF-626	139,125	172,148
*	Vanguard	MF-627	323,562	388,664
*	Vanguard	MF-628	467,124	487,457
*	Goldman Sachs	MF-631	147,032	155,941
*	Vanguard	MF-947	1,351,171	2,021,663
*	Vanguard	MF-948	2,252,510	2,252,509
*	Vanguard	MF-949	1,015,714	1,553,087
*	Oppenheimer	MF-C	294,634	308,062
*	American Century	MF-CGQ	9,443	8,753
*	Thornburg	MF-CJ	0	0
*	RidgeWorth	MF-M8	136,122	134,325
*	Schwab	Schwab PCRA	675,075	709,223
*	State Street	SDBA	0	0
	Participant Loans	4.250000 - 4.250000	0	394,757

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Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

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A Name of Plan	B Three-digit Plan Number
Integrated Financial Settlements, Inc. 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employee Identification Number**
Integrated Financial Settlements	**204029426**

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Lazard	MF-2371	1,465,850	0		0	0	0	0
Thornburg	MF-CJ	348,702	1,467,332		0	1,292,386	1,467,332	174,946
Vanguard	MF-628	1,502,171	3,678		0	3,664	3,678	14

Crowe GHP Horwath

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

YEAR ENDED DECEMBER 31, 2014

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Crowe GHP Horwath

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INDEPENDENT AUDITORS' REPORT

The Plan Administrators and Participants of
Integrated Financial Settlements, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Integrated Financial Settlements, Inc. 401(k) Plan (the "Plan"), which comprise the statements of assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 administrators 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 State Street Bank and Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrators that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrators have obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrators by the custodian is complete and accurate.

GHP Horwath, P.C. is a member firm of Crowe Horwath International, a Swiss verein (Crowe Horwath). Each member firm of Crowe Horwath is a separate and independent legal entity. GHP Horwath, P.C. and its affiliates are not responsible or liable for any acts or omissions of Crowe Horwath or any other member of Crowe Horwath and specifically disclaim any and all responsibility or liability for acts or omissions of Crowe Horwath or any other Crowe Horwath member.

Crowe GHP Horwath

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, line 4i – Schedule of assets (held at end of year), Schedule H, Line 4a – Schedule of delinquent participant contributions and Schedule H, line 4j – Schedule of reportable transactions, as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) 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 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.

Crowe Horwath, P.C.

October 12, 2015

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets:		
Investments, at fair value (Notes 3 and 4)	$ 25,337,223	$ 21,736,900
Receivables:		
Participant contributions	43,339	25,364
Employer contributions	81,048	73,129
Notes receivable from participants (Note 3)	394,757	308,332
Total receivables	519,144	406,825
Assets available for benefits	$ 25,856,367	$ 22,143,725

See notes to financial statements.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

STATEMENT OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2014

Additions:		
Investment income (Note 3):		
Net appreciation in fair value of investments	$	1,151,387
Dividends and interest		657,978
Interest income on notes receivable from participants (Note 3)		14,521
		1,823,886
Contributions:		
Participants		1,276,259
Rollover		143,129
Employer		81,048
		1,500,436
Total additions		3,324,322
Deductions:		
Benefits paid to participants		2,289,856
Administrative expenses		41,499
Total deductions		2,331,355
Net increase		992,967
Transfer of assets to this plan		2,719,675
Assets available for benefits:		
Beginning of year		22,143,725
End of year	$	25,856,367

See notes to financial statements.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. Description of the Plan:

The following description of the Integrated Financial Settlements, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan. The Plan covers all employees of Integrated Financial Settlements, Inc. ("IFS"), EPS Settlement Group, Inc. ("EPS"), Structured Financial Associates, Inc. ("SFA"), and Millennium Settlements, Inc. ("MSI") (collectively the "Company" or the "Employer") who are age eighteen or older. Effective January 1, 2014, employees of JMW Settlements, Inc. ("JMW") are also covered by the Plan and in March 2014, $2,719,675 in assets were transferred to the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA"). The Plan is administered by an Employee Benefits Administrator Committee (the "Plan Administrators") comprised of persons appointed by the Company. The Plan Administrators are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitors investment performance. The trust department of an independent third-party investment management services company is the Plan's trustee.

Contributions:

Each year, eligible participants may elect to make pre-tax and after tax contributions of their annual compensation, as defined in the Plan, up to a maximum amount adjusted annually by the Internal Revenue Service ("IRS"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans ("rollover").

The Company may make a discretionary matching contribution to Plan participants as determined by the Company annually. For the years ended December 31, 2014 and 2013, the Company declared a discretionary matching contribution equal to the lesser of 10% of a participant's contribution or 10% of 6% of the participant's eligible compensation, as defined. Contributions are subject to certain IRS limitations.

Investment options:

Participants direct the investment of their contributions and Employer contributions into various investment options offered by the Plan. A self-directed brokerage account allows participants to direct the investment of his or her contributions among individual stocks, bonds, mutual funds or exchange-traded funds.

1. **Description of the Plan (continued):**

Participant accounts:

Each participant's account is credited or charged with the participant's contributions and allocations of the Employer's contributions, if any; Plan earnings or losses; and administrative expenses that are paid by the Plan.

Allocations are based on account balances, participant elective deferrals, participant compensation, or specific transactions, as defined. With the exception of the self-directed brokerage accounts, investment income is allocated to each participant's account based on the participant's account balance in each Plan investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting:

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

Notes receivable from participants:

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at current market rates, as defined by the Plan, determined at the date of the loan. All loans must have a definite repayment schedule, generally not exceeding five years. Loans outstanding at December 31, 2014, bear interest at a rate of 4.25%. Principal and interest is paid ratably through biweekly or semi-monthly payroll deductions.

Payment of benefits:

On termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or an annuity, as defined by the Plan. A participant may also elect to receive his or her benefits as a direct rollover to an IRA or another qualified plan.

Forfeited accounts:

Forfeitures are primarily the result of transferred funds from other plans. Forfeited accounts will be used to reduce future Employer matching contributions. At December 31, 2014, there was no balance in the forfeiture account.

2. **Summary of accounting policies:**

Basis of accounting:

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

Use of estimates:

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

Investment valuation and income recognition:

The Plan's investments 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. The plan administrators determine the Plan's valuation policies utilizing information provided by an investment advisor, the custodian and recordkeeper. See Note 4 for a discussion of fair value measurements.

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

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits:

Benefits are recorded when paid.

2. **Summary of accounting policies (continued):**

Administrative expenses:

The Plan's administrative expenses are paid by either the Plan or the Employer, as provided in the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in assets available for benefits. In addition, investment related expenses are included in net appreciation in fair value of investments.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Investment fees related to self-directed brokerage accounts are paid from the individual's accounts. Consequently, investment income is reflected net of certain management fees and operating and investment expenses.

Recent accounting pronouncements:

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standard Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* ASU No. 2015-07 removes the requirement to include investments in the fair value hierarchy for which the fair value is measured at net asset value ("NAV") using the practical expedient *under Fair Value Measurements and Disclosures (Topic 820).* ASU No. 2015-07 is effective for fiscal years beginning after December 15, 2016, and is required to be applied retrospectively to all periods presented. Early adoption is permitted. Since ASU No. 2015-07 will only impact the Plan's disclosures, adoption will not affect the Plan's financial condition or performance.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting*, which includes *Defined Contribution Pension Plans (Topic 962).* ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, and is required to be applied retrospectively to all periods presented. Early application is permitted. Since ASU No. 2015-12 will only impact the Plan's disclosures, adoption will not affect the Plan's financial condition or performance.

Subsequent events:

The Company has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

3. Certified information (unaudited):

The financial information related to investments, notes receivable from participants, investment income, and interest income on notes receivable from participants included in the Plan's financial statements, the supplemental schedule of assets (held at end of year), the supplemental schedule of reportable transactions and the investment values included in Note 4, was obtained or derived from information supplied to the Company and certified as complete and accurate by State Street Bank and Trust Company ("State Street"), the custodian of the Plan.

The following presents investments that represent 5% or more of the Plan's assets:

	2014	2013
Vanguard Large Cap Index Signal Fund	$ 4,377,356	$ 3,961,096
Vanguard Prime Money Market Fund	$ 2,252,509	$ 2,483,840
Vanguard Small-Cap Index Fund Investor Shares	$ 2,021,663	$ 2,070,451
JP Morgan Large Cap Growth Fund	$ 1,523,520	$ 1,607,994
Vanguard Target Retirement 2020 Fund	$ 2,693,546	$ 1,401,846
Vanguard Mid Cap Index Fund	$ 1,553,087	$ 1,378,099
Vanguard Total Bond Market Index Fund	$ 1,306,656	
Lazard International Strategic Equity Fund	$ 1,464,212	
Thornburg International Value		$ 1,268,173
American Century Equity Income Instl		$ 1,247,862

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 by $1,151,387, as follows:

Mutual funds	$ 1,117,239
Common stocks	34,148
	$ 1,151,387

4. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

4. Fair value measurements (continued):

Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; and • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange-traded fund: Valued at the closing price reported on the active market on which the individual shares are traded.

4. Fair value measurements (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Level	2014	2013
Mutual funds:			
Blend funds	1	$ 9,416,576	$ 7,409,646
Balanced funds	1	6,282,158	3,660,197
Growth funds	1	2,574,526	3,957,842
Money market fund	1	2,252,509	2,483,840
Bond funds	1	2,117,975	1,859,226
Value funds	1	1,572,291	1,443,232
Real estate fund	1	411,965	299,835
Total mutual funds		24,628,000	21,113,818
Self-directed accounts:			
Mutual fund:			
Money market fund	1	224,926	213,366
Common stocks:			
Technology	1	244,409	231,662
Services	1	180,565	132,217
Other	1	34,968	45,837
Exchange-traded fund	1	24,355	
Total self-directed accounts		709,223	623,082
Total investments at fair value		$ 25,337,223	$ 21,736,900

5. Related-party transactions:

Certain fees, including legal, accounting and other professional services rendered by parties-in-interest were paid by the Employer on behalf of the Plan.

The Plan's investments are managed by State Street. State Street is the custodian for the Plan's investments and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services totaled approximately $38,000 for the year ended December 31, 2014.

Notes receivable from participants also qualify as party-in-interest transactions.

6. Plan termination:

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

7. Income tax status:

The Company adopted a prototype non-standardized 401(k) plan that received an advisory letter from the Internal Revenue Service which stated that the Plan is designed and qualifies under section 401(a) of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax-exempt.

Management assesses the likelihood of the financial statement effect of a tax position that should be recognized when it is more likely than not that the position will be sustained upon examination by a taxing authority based on the technical merits of the tax position, circumstances, and information available as of the reporting date. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, management believes that the Plan is no longer subject to income tax examinations for years prior to 2011.

8. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with certain investment securities, and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of assets available for benefits.

9. Prohibited transactions:

During the year ended December 31, 2014, the Company failed to timely remit certain employee contributions to the Plan totaling $7,836. DOL Regulation 29 CFR 2510.3-102 states that an employer is required to remit employee contributions to the Plan as soon as it is practicable, but in no event later than the 15th business day following the end of the month. These contributions were remitted to the Plan by the Company in September 2015. Lost earnings calculated by the Company of $287 were remitted to the Plan by the Company in September 2015.

SUPPLEMENTAL SCHEDULES

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014
EIN 20-4029426
PLAN NUMBER 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	The Vanguard Group	Large Cap Index Signal Fund	$ 4,377,356
	The Vanguard Group	Prime Money Market Fund	2,252,509
	The Vanguard Group	Small-Cap Index Fund Investor Shares	2,021,663
	JP Morgan	JP Morgan Large Cap Growth Fund	1,523,520
	The Vanguard Group	Target Retirement 2020 Fund	2,693,546
	The Vanguard Group	Mid Cap Index Fund	1,553,087
	American Century	American Century Equity Income Instl	1,282,025
	The Vanguard Group	Total Bond Market Index Fund	1,306,656
	Allianz Global Investors	PIMCO Total Return Fund	811,319
	JP Morgan	JP Morgan Small Cap Growth Fund	734,191
	The Vanguard Group	Target Retirement 2025 Fund	504,922
	The Vanguard Group	Target Retirement 2035 Fund	494,545
	The Vanguard Group	Target Retirement 2030 Fund	837,510
	Cohen & Steers	Cohen & Steers Realty Shares Fund	411,965
	The Vanguard Group	Target Retirement 2010 Fund	285,187
	Oppenheimer	Oppenheimer Developing Markets Fund	308,062
	The Vanguard Group	Target Retirement 2045 Fund	388,664
	The Vanguard Group	Target Retirement Income	172,763
	The Vanguard Group	Target Retirement 2015 Fund	245,416
	The Vanguard Group	Target Retirement 2040 Fund	172,148
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	155,941
	RidgeWorth	RidgeWorth Mid-Cap Value Equity Fund	134,325
	The Vanguard Group	Target Retirement 2050 Fund	487,457
	American Century	American Century Heritage Fund	8,753
	Lazard	Lazard International Strategic Equity Fund	1,464,212
	The Vanguard Group	Vanguard Large Cap Index Fund	258
	Charles Schwab	Self-Directed Brokerage Account	709,223
*	Participant loans	4.25%, various terms	394,757
			$ 25,731,980

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

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2014

EIN 20-4029426
PLAN NUMBER 001

Participant contributions transferred late to the Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
$ 8,123	$ -	$ 8,123	$ -	$ -

Late contributions of $7,836 related to the 2014 Plan year were remitted in the 2015 Plan year.
Lost earnings related to these contributions totaling $287 were remitted in 2015.

INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(k) PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014
EIN 20-4029426
PLAN NUMBER 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Lazard	Lazard International Strategic Equity Fund	$ 1,465,850	$ -	$ -	$ -	$ -	$ -	$ -
Thornburg	Thornburg International Value	348,702	1,467,332	-	-	1,292,386	1,467,332	174,946
The Vanguard Group	Target Retirement 2050 Fund	1,502,171	3,678	-	-	3,664	3,678	14