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
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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

12655 BEATRICE STREET
LOS ANGELES, CA 90066

2b Employer Identification Number (EIN)
95-3936696

2c Plan Sponsor's telephone number
310-448-6800

2d Business code (see instructions)
551112

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	DON H. DRAKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	716
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)**	532
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	723
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	206
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	929
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	929
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	688
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[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)** [X] 4 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	PHX468	929	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9074233
5	Current value of plan's interest under this contract in separate accounts at year end	5	33924050

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	7964442
c	Additions: (1) Contributions deposited during the year	7c(1)	463800		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	255222		
	(4) Transferred from separate account	7c(4)	621690		
	(5) Other (specify below)	7c(5)	49531		
	▶ *				
	(6) Total additions			7c(6)	1390243
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	9354685
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	516701		
	(2) Administration charge made by carrier	7e(2)	1766		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	121468		
	▶ *				
	(5) Total deductions			7e(5)	639935
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8714750

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66869	100	929	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4287

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

1 Coverage Information:

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5570651	62944	12-0001	929	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2881

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA LIFE INSURANCE AND ANNUITY CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	200	929	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4402

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 64	SERVICE PROVIDER	11701	Yes [X] No [ ]	Yes [X] No [ ]	20610	Yes [ ] No [X]

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	SERVICE PROVIDER	8126	Yes [X] No [ ]	Yes [ ] No [X]	20560	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	20560

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY	27 28 66	20587

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN) INVESTMENT MANAGEMENT INSURANCE MORTALITY AND EXPENSE CHARGE

(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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LIFETIME INC PROTECTION 2030

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1440627-070	C	33588

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LIFETIME INC PROTECTION 2040

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1440627-055	C	963

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	33924050

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	744225	783326
(9) Value of interest in common/collective trusts	1c(9)	34484	46122
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31339978	33924050
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7964443	8714750
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	40083130	43468248
	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	40083130	43468248

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)	338	
	(B) Participants	2a(1)(B)	2868604	
	(C) Others (including rollovers)	2a(1)(C)	165969	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3034911
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)	38819	
	(F) Other	2b(1)(F)	255222	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		294041
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1500	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1500
	(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)		1754
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2199870
c Other income	2c		99
d Total income. Add all **income** amounts in column (b) and enter total	2d		5532175
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1955744	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1955744
f Corrective distributions (see instructions)	2f		171486
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	19827	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19827
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2147057
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3385118
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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			

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
DATA ANALYSIS, INC. INVESTMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3936696

Part I Distributions

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

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

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

EIN(s): 71-0294708

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):

Data Analysis Inc.
Investment Plan and Trust

Employer ID No: 95-3936696
Plan Number: 555468

Financial Statements as of December 31, 2014 and 2013, and for the Year Ended December 31, 2014, Supplemental Schedule as of December 31, 2014, and Independent Auditors' Report

Data Analysis Inc. Investment Plan and Trust
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SUPPLEMENTAL SCHEDULE*—

Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) at December 31, 2014 16

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable

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Independent Auditors' Report

To the Plan Administrator of
Data Analysis Inc. Investment Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Data Analysis Inc. Investment Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements. The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated September 19, 2014, indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Trust Company (formerly known as ING National Trust Company), the trustee of the Plan, except for comparing such information with the related information included in the 2014 financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2014 and for the year then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

Deloitte & Touche LLP

October 13, 2015

DATA ANALYSIS INC. INVESTMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments, at fair value	$ 43,044,405	$ 39,549,182
Notes receivable from participants	775,591	744,225
Contribution receivable from participants	110,105	-
Total assets	43,930,101	40,293,407
LIABILITIES:		
Excess contributions payable	-	(147,789)
Net assets available for benefits at fair value	43,930,101	40,145,618
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(359,483)	(210,277)
NET ASSETS AVAILABLE FOR BENEFITS	$ 43,570,618	$ 39,935,341

The accompanying notes are an integral part of these financial statements.

DATA ANALYSIS INC. INVESTMENT PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	$ 2,201,624
Interest and dividends	256,722
Total investment income	2,458,346
Interest income on notes receivable from participants	38,918
Participants' pretax contributions	2,894,712
Participants' Roth contributions	76,262
Rollover contributions	166,307
Total contributions	3,137,281
Total additions	5,634,545
DEDUCTIONS:	
Benefits paid to participants	(1,979,441)
Administrative expenses	(19,827)
Total deductions	(1,999,268)
Net increase	3,635,277
Net assets available for benefits, beginning of year	39,935,341
Net assets available for benefits, end of year	$ 43,570,618

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Data Analysis Inc. Investment Plan and Trust (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

GENERAL

Data Analysis Inc. adopted the Plan effective as of January 1, 1990. The Plan is a defined contribution plan, which covers employees of Data Analysis Inc. and its affiliates (the "Company"), that include William O'Neil & Co. Incorporated; Investor's Business Daily, Inc.; O'Neil Data Systems, Inc.; O'Neil Data Systems LLC; O'Neil DS LLC, O'Neil Securities, Inc.; Market Smith, Inc.; Xanada LLC; and Finadco. The Plan is a defined contribution plan designed to provide participating employees the opportunity to accumulate retirement funds through a tax-deferred contribution arrangement pursuant to Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"). In addition to the Code, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

ADMINISTRATION OF THE PLAN

The Board of Directors of the Company is responsible for oversight of the Plan. The Plan committee, as appointed by the board of directors of the Company, determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

In 2014, Voya Retirement Insurance and Annuity Company purchased ING (the former "Recordkeeper") and, as such, is the current recordkeeper of the Plan. Further, Voya Institutional Trust Company ("Voya") replaced ING National Trust Company (the "Trustee") as the trustee and custodian of the Plan. The Company acts as the Plan administrator (the "Plan Administrator") and the Plan sponsor (the "Plan Sponsor"). Most administrative expenses of maintaining the Plan are paid by the Company.

PARTICIPATION

Participation in the Plan is available to all eligible employees who have completed one month of service and are 21 years of age or older. Re-hired employees who were previously participants in the Plan are eligible to re-enter the Plan immediately.

The Plan accepts direct cash rollovers from other qualified plans regardless of whether the employee has met the Plan's eligibility requirements.

Employees who become eligible to participate in the Plan are automatically enrolled in the Plan to make pretax deferrals unless the employee affirmatively elects not to make pretax deferrals within the applicable time period as described by the Plan. The employee is deemed to have elected to contribute 3% of the employee's pretax compensation each payroll period into a Voya targeted fund selected based on age and estimated retirement until a subsequent valid election is made by the participant.

CONTRIBUTIONS

Effective January 1, 2013, the Plan has been amended to add Roth contributions to participants' account. The Plan allows participants to contribute in whole percentages from 1% to 100% of their base compensation on a pretax basis or after-tax contribution ("Roth"), through bi-monthly payroll deductions. A participant's total contributions, in any Plan year, cannot exceed the limits provided under Section 415 of the Code. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions.

1. DESCRIPTION OF THE PLAN (Continued)

The Plan Sponsor has the option of making matching contributions and discretionary contributions but is not obligated to make such contributions. Since the Plan's inception, the Plan Sponsor has made no contributions to the Plan.

In order for the Plan to maintain its tax-exempt status as of December 31, 2014 and 2013, excess employee contributions of $0 and $147,789, respectively, were refunded to certain participants subsequent to each year-end. Such amounts were reflected as a liability in the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013.

VESTING

Participants are 100% vested in their elective contribution account. Upon termination of service, participants are eligible to receive a lump-sum amount equal to the value of their account. Full vesting of the Employer Matching Account and the Employer Discretionary Account occurs after one year of service.

PARTICIPANT ACCOUNTS

The Recordkeeper maintains an elective contribution account for each participant in the Plan. Each account is credited with the appropriate contributions and any earnings and/or gains/losses resulting from the investment of those contributions. Participants are charged with an allocation of administrative expenses that are paid by the Plan and upon any distributions from the participant accounts. Each participant may select the investment funds in which his or her contributions will be invested and may change his or her election anytime via telephone or Internet. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BENEFITS, DISTRIBUTIONS AND WITHDRAWALS

On termination of service due to death, disability, retirement, or termination a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or elect to keep the balance in the Plan. Participants with account balances under $5,000 are required to withdraw their balances from the Plan within 60 days. Participants with account balances of $5,000 or more may elect a distribution at any time following termination of employment. Annuity payments are available if the participant selects a Voya Lifetime Income Fund. All amounts are to be distributed in accordance with the minimum required distribution provisions of the Code.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants are permitted to borrow from their accounts subject to certain limitations and conditions established to comply with the current requirements of the Code. All notes receivable made to participants are secured by their accounts. Participants may borrow up to 50% of their vested account balance not to exceed $50,000. Participants may have a maximum of one outstanding note receivable at any time.

Notes receivable may have a term of up to five years, however, the term can be extended up to 30 years if the loan is used to acquire or construct a principal residence of the participant. The interest rate on notes receivable is prime rate, plus 1% which ranges between 4.25% and 9.25% for the notes receivable as of December 31, 2014. Notes receivable in the amount of $775,591 and $744,225 are reflected in the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP") using the accrual method of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value (see Note 3). 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.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract-value basis for fully benefit-responsive investment contracts.

Purchases and sales of securities are recorded on the 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 the 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. There was no accrued or unpaid interest for 2014 or 2013. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

CONTRIBUTIONS AND DISTRIBUTIONS

Participant contributions are recorded in the period during which the Company makes payroll deductions from the participants' pay. Distributions, which include benefits and withdrawals, are recorded when paid. On termination of service with the Company (including termination of service due to death, disability, or retirement), a participant may generally elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan had no excess contributions for 2014 and 2013 excess contributions were distributed to the applicable participants prior to March 15 of the year after they were initially recorded as contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

RECENT ACCOUNTING PRONOUNCEMENTS

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement: Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent),* which amends Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*. ASU No. 2015-07 removes the requirement to categorize, within the fair value hierarchy, all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The amendments are effective for years beginning after December 15, 2016, with early application permitted. The Plan Sponsor does not expect ASU No. 2015-07 to have a substantial impact on the Plan's financial statements.

In July 2015, FASB issued Accounting Standards Update (ASU) No. 2015-12*, Plan Accounting: Defined Contribution Pension Plans (Topic 962),(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* This update reduces complexity in employee benefit plan accounting, which is consistent with the FASB's simplification initiative.

Part I: Fully Benefit-Responsive Investment Contracts Topics 962 on employee benefit plan accounting requires fully benefit-responsive investment contracts to be measured at contract value. Those topics also require an adjustment to reconcile contract value to fair value, when these measures differ, on the face of the plan financial statements. The amendments in Part I of this update, designate contract value as the only required measure for fully benefit-responsive investment contracts, which maintains the relevant information while reducing the cost and complexity of reporting for fully benefit-responsive investment contracts.

Part II: Plan Investment Disclosures
As new disclosure requirements have been issued or amended, employee benefit plan financial statements have been affected. Specifically, the interaction between Topic 820, *Fair Value Measurement*, and Topic 962, on employee benefit plan accounting sometimes requires aggregation, or organization of similar investment information, in multiple ways. The objective of Part II of this update is to simplify and make more effective the investment disclosure requirements under Topic 820 and under Topic 962, for employee benefit plans.

Part III: Measurement Date Practical Expedient
The objective of Part III of this update is to reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments for Parts I, II, and III are effective for years beginning after December 15, 2015, with early application permitted. The Plan Sponsor does not expect ASU No. 2015-12 to have a substantial impact on the Plan's financial statements.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

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.

Pooled separate accounts - Pooled separate accounts are valued at the accumulated unit value ("AUV") of shares held by the Plan at year-end as determined by the Recordkeeper. Pooled separate accounts invest directly in designated mutual funds or, in some cases, collective investment trusts. The pooled separate accounts own and hold the underlying mutual fund or collective trust shares, which are valued daily at their NAV. Plan participants hold "units of participation" in these pooled separate accounts offered by the Trustee. The AUV is the value of each unit in the pooled separate account and is calculated daily. The AUV is first established when a new fund starts (typically the beginning AUV is $10) and is then determined daily based on the NAV of the shares of the underlying fund(s), the underlying funds' dividends and the separate account charges. Plan participants can redeem their pooled separate account units daily. There are no unfunded commitments, no defined remaining life, and there are no redemption notice periods or other restrictions at the measurement date.

Benefit-responsive investment contract - Benefit-responsive investment contract is valued at fair value by the Trustee by discounting the book value using a seven-year Treasury bond rate, plus 0.25%; the fixed account interest rate of 3%; and December 31, 2014 and 2013, being the dates of surrender of the contract. Because Plan participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Data Analysis Inc. Investment Plan and Trust Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments and overall credit ratings.

Certain unobservable inputs are assessed through review of contract terms (for example, surrender date) while others are substantiated utilizing available market data (for example, Treasury bond rate).

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

The Data Analysis Inc. Investment Plan and Trust Committee determine the Plan's valuation policies utilizing information provided by the Recordkeeper.

3. FAIR VALUE MEASUREMENTS (Continued)

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

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Growth funds	$ -	$ 10,466,009	$ -	$ 10,466,009
Value funds	-	9,346,476	-	9,346,476
International funds	-	3,222,756	-	3,222,756
Life Cycle funds	-	6,259,797	-	6,259,797
Fixed-Income funds	-	1,738,952	-	1,738,952
Balanced funds	-	1,644,368	-	1,644,368
Other funds	-	1,291,814	-	1,291,814
Total pooled separate accounts	-	33,970,172	-	33,970,172
Benefit-responsive investment contract	-	-	9,074,233	9,074,233
Total assets at fair value	$ -	$ 33,970,172	$ 9,074,233	$ 43,044,405

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Growth funds	$ -	$ 9,942,423	$ -	$ 9,942,423
Value funds	-	9,150,264	-	9,150,264
International funds	-	3,519,015	-	3,519,015
LifeCycle funds	-	5,513,445	-	5,513,445
Fixed-Income funds	-	1,352,603	-	1,352,603
Balanced funds	-	1,234,985	-	1,234,985
Other Funds	-	661,727	-	661,727
Total pooled separate accounts	-	31,374,462	-	31,374,462
Benefit-responsive investment contract	-	-	8,174,720	8,174,720
Total assets at fair value	$ -	$31,374,462	$ 8,174,720	$39,549,182

Transfers in and/or out of the hierarchy levels are recognized based on the beginning fair value of the year in which they occurred. There were no transfers of investments between hierarchy levels during the year ended December 31, 2014.

3. FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014 and 2013:

	Level 3 Assets
	Benefit-responsive investment contract at fair value
Balance as of January 1, 2013	$10,027,315
Unrealized gains (losses) relating to instruments still held at reporting date	(595,280)
Purchases	772,640
Sales	(2,029,955)
Balance as of December 31, 2013	$ 8,174,720

	Level 3 Assets
	Benefit-responsive investment contract at fair value
Balance as of January 1, 2014	$ 8,174,720
Unrealized gains (losses) relating to instruments still held at reporting date	149,206
Purchases	1,390,241
Sales	(639,934)
Balance as of December 31, 2014	$ 9,074,233

In estimating fair value of the investments in Level 3, the Plan's management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan's management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2005, the Plan entered into a benefit-responsive investment contract with the Trustee. The Recordkeeper maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value on a daily basis.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3% if the participant held the contract through the whole fiscal year. The interest rate could be less than 3% based on inflows and outflows conducted within the year. Such interest rates are reviewed on a quarterly basis for resetting. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan document (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, or (3) other Plan Sponsor events that cause a significant withdrawal from the benefit-responsive contract. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable of occurring.

AVERAGE YIELDS:	**2014**	**2013**
Based on actual earnings (1)	2.81%	3.01%
Based on interest rate credited to participants (2)	2.81%	3.01%

(1) Computed by dividing the actual earnings for the year of the contract on the last day of the Plan year by the fair value of the investments on the same date.
(2) Computed by dividing the actual earnings for the year credited to participants on the last day of the Plan year by the fair value of the investments on the same date.

5. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information included in the financial statements, notes, and supplemental schedules are based on information supplied by the Plan's trustee and was not audited. This unaudited information is as follows:

- Investments at fair value were $43,044,405 and $39,549,182 at December 31, 2014 and 2013, respectively.
- Interest income and dividends for the year ended December 31, 2014, of $256,722.
- Net appreciation in fair value of investments for the year ended December 31, 2014, of $2,201,624.

All investment balances and investment information have been certified by the Trustee, except notes receivable from participants, the fair value of the Voya Fixed Account as of December 31, 2014 and the classification and level of investments by level in Note 3, Fair Value Measurement.

The Plan Administrator has obtained certifications from the Trustee that the information provided to the Plan Administrator by the Trustee, including the information above, is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

5. INFORMATION CERTIFIED BY THE TRUSTEE (continued)

The following investments represent 5% or more of the Plan's net assets available for benefits:

	December 31, 2014	December 31, 2013
The Growth Fund of America	$ 7,340,379	$ 6,941,700
Voya Fixed Account (at contract value)*	8,714,750	7,964,443
American Funds Fundamental	2,076,711	2,136,621
Voya JPMorgan Small Equity Fund	2,313,131	1,863,227
Oppenheimer Developing Markets Fund	2,361,512	2,511,801

*The fair value of this investment at December 31, 2014 and 2013 was $9,074,233 and $8,174,720 respectively. During 2014, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,201,624.

6. EXEMPT-PARTY-IN-INTEREST TRANSACTIONS

The pooled separate accounts and the benefit-responsive investment contract are managed by the trustee of the Plan and participant notes receivable are related-party and party-in-interest transactions. These transactions qualify as party-in-interest transactions permitted by Department of Labor regulations. In addition, the Plan invests in pooled separate accounts and the benefit-responsive investment contract and issues loans to participants, which are secured by the vested balances in the participants' accounts.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Board of Directors of Data Analysis Inc. has the right at any time to amend the Plan or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, all net assets available for distribution at time of termination would be distributed to participants in proportion to their respective account balances.

8. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued. The Plan has no material reportable subsequent events.

9. RISK AND UNCERTAINTIES

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

9. RISK AND UNCERTAINTIES (continued)

decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades.

10. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, 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 Code and therefore believe that the Plan is qualified and the related trust is tax exempt.

In the Plan year, there was a transaction that had been deducted from a participant's account twice due to operational failure. The transaction has been corrected and that the Company does not expect the error will affect the Plan's qualified status.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31,	
	2014	**2013**
Net assets available for benefits at fair value per the financial statements	$ 43,930,101	$ 40,145,618
Add: Return of excess contributions	-	147,789
Add: Notes receivable remittance	7,735	-
Less: Receivables employee contributions	(110,105)	-
Less: Adjustment from contract value to fair value for full benefit-responsive investment contract	(359,483)	(210,277)
Net assets available for benefits per the Form 5500	$ 43,468,248	$ 40,083,130

11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (continued)

A reconciliation of net increase available for benefits and distributions paid to participants per the financial statements to the Form 5500 as filed by the Company for the year ended December 31, 2014, is as follows:

Net increase in assets available for benefits per the financial statements	$ 3,635,277
Less: Participants pretax contributions	(99,270)
Less: Participants Roth contributions	(3,100)
Less: Prior-year return of excess contributions	(147,789)
Net increase in assets available for benefits per Form 5500	$ 3,385,118

The Form 5500 was prepared under the modified cash basis of accounting in 2014 and 2013. These financial statements were prepared under the accrual basis of accounting in 2014 and 2013.

Data Analysis Inc. Investment Plan and Trust
EIN: 95-3936696 PN: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
*	American Balanced Fund (R-4)	American Funds/Voya Pooled Separate Account		$1,644,368
*	Baron Asset Fund	Baron Funds/Voya Pooled Separate Account		421,524
*	Ariel Aprreciation Fund	Ariel Funds/Voya Pooled Separate Account		679,354
*	Voya Columbia Small Cap Fund	Columbia Funds/Voya Pooled Separate Account		319,067
*	Oppenheimer Int'l Growth Fund N	Oppenheimer Funds/Voya Pooled Separate Account		861,244
*	Voya Fixed Account	Voya Life Insurance And Annuity Company/Investment Contract		8,714,750
*	Voya Intermediate Bond Fund-A	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,180,594
*	Voya Large Cap Growth Portfolio-Svc	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,527,011
*	Voya Real Estate Fund (A)	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,291,814
*	Voya Solution 2015 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		617,370
*	Voya Solution 2025 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,412,387
*	Voya Solution 2035 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		2,167,683
*	Voya Solution 2045 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,756,435
*	Voya Solution 2055 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		219,220
*	Voya Lifetime Inc Prt 2015	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		4,175
*	Voya Lifetime Inc Prt 2030	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		40,983
*	Voya Lifetime Inc Prt 2040	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		963
*	Voya Solution Income Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		40,581
*	BlackRock Equity Dividend Fund	BlackRock Funds/Voya Pooled Separate Account		237,263
*	Columbia High Yield Bond Fund	Columbia/Voya Pooled Separate Account		558,358
*	Voya JPMorgan Small Cap Equity Fund	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,227,224
*	Oppenheimer Developing Markets Fund-A	Oppenheimer Funds/Voya Pooled Separate Account		2,361,512
*	Oppenheimer Main Street Fund-A	Oppenheimer Funds/Voya Pooled Separate Account		935,851
*	Voya JPMorgan Mid Cap Val Fund	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		2,313,131
*	The Growth Fund of America-R4	American Funds/Voya Pooled Separate Account		7,340,379
*	Vanguard VIF Diversified Value	Vanguard Funds/Voya Pooled Separate Account		1,114,817
*	Vanguard VIF Small Company Growth	Vanguard Funds/Voya Pooled Separate Account		1,177,095
*	American Funds Fdmntl Inv (R-3)	American Funds/Voya Pooled Separate Account		2,076,711
*	PIMCO Real Return - Class R	PIMCO Funds/Voya Pooled Separate Account		443,058
*	Notes Receivable from Participants	The interest rate ranges from 4.25% – 9.25% and the loans are collateralized by the individual participant's account balances. The maturity dates range from 2014 through 2043.		783,326
				$43,468,248

* Denotes a party-in-interest, for which a statutory exemption exists.
** Cost information is omitted because all the investments are participant directed.

Attachment to Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Data Analysis, Inc. Investment Plan and Trust
EIN#95-3936696
Plan#001
As Of December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R4	Registered Investment Company		$1,644,368
	American Funds Fdmntl Inv R3	Registered Investment Company		$2,076,711
	American Funds Growth Fnd R4	Registered Investment Company		$7,340,379
	Ariel Appreciation Fund Inv	Registered Investment Company		$679,354
	Baron Asset Fund Ret	Registered Investment Company		$421,524
	BlkRck Equity Dividend Fnd R	Registered Investment Company		$237,263
	Columbia High Yield Bond Fnd K	Registered Investment Company		$558,358
	Oppenhmr Developing Mkts Fnd A	Registered Investment Company		$2,361,512
	Oppenhmr Intl Growth Fnd R	Registered Investment Company		$861,244
	Oppenhmr Main Street Fund A	Registered Investment Company		$935,851
	PIMCO Real Return - Class R	Registered Investment Company		$443,058
	Vangrd VIF - Divrsd Vl Port	Registered Investment Company		$1,114,817
	Vangrd VIF - Sm Comp Grw Port	Registered Investment Company		$1,177,095
*	Voya Fixed Account	Insurance Company General Account		$8,714,750
*	Voya Intermediate Bond Fund A	Registered Investment Company		$1,180,594
*	Voya Large Cap Growth Prt Srv	Registered Investment Company		$1,527,011
*	Voya Lifetime Inc Prt 2015 II	Registered Investment Company		$4,175
*	Voya Lifetime Inc Prt 2030 II	Registered Investment Company		$40,983
*	Voya Lifetime Inc Prt 2040 II	Registered Investment Company		$963
*	Voya Real Estate Fund A	Registered Investment Company		$1,291,814
*	Voya Solution 2015 Port I	Registered Investment Company		$617,370
*	Voya Solution 2025 Port I	Registered Investment Company		$1,412,387
*	Voya Solution 2035 Port I	Registered Investment Company		$2,167,683
*	Voya Solution 2045 Port I	Registered Investment Company		$1,756,435
*	Voya Solution 2055 Port I	Registered Investment Company		$219,220
*	Voya Solution Income Pt I	Registered Investment Company		$40,581
*	VY Columbia SmCp Vl II PI	Registered Investment Company		$319,067
*	VY JPM MdCp Value Port I	Registered Investment Company		$2,313,131
*	VY JPM SmCp Cr Eq Port Srv	Registered Investment Company		$1,227,224
		Participant Loans - Rates 4.25% to 4.25%		$783,326
	TOTAL			$43,468,248

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

Data Analysis Inc.
Investment Plan and Trust

Employer ID No: 95-3936696
Plan Number: 555468

Financial Statements as of December 31, 2014 and 2013, and for the Year Ended December 31, 2014, Supplemental Schedule as of December 31, 2014, and Independent Auditors' Report

Data Analysis Inc. Investment Plan and Trust
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SUPPLEMENTAL SCHEDULE*—

Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) at December 31, 2014 16

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable

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Independent Auditors' Report

To the Plan Administrator of
Data Analysis Inc. Investment Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Data Analysis Inc. Investment Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements. The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated September 19, 2014, indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Trust Company (formerly known as ING National Trust Company), the trustee of the Plan, except for comparing such information with the related information included in the 2014 financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2014 and for the year then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

Deloitte & Touche LLP

October 13, 2015

DATA ANALYSIS INC. INVESTMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments, at fair value	$ 43,044,405	$ 39,549,182
Notes receivable from participants	775,591	744,225
Contribution receivable from participants	110,105	-
Total assets	43,930,101	40,293,407
LIABILITIES:		
Excess contributions payable	-	(147,789)
Net assets available for benefits at fair value	43,930,101	40,145,618
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(359,483)	(210,277)
NET ASSETS AVAILABLE FOR BENEFITS	$ 43,570,618	$ 39,935,341

The accompanying notes are an integral part of these financial statements.

DATA ANALYSIS INC. INVESTMENT PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	$ 2,201,624
Interest and dividends	256,722
Total investment income	2,458,346
Interest income on notes receivable from participants	38,918
Participants' pretax contributions	2,894,712
Participants' Roth contributions	76,262
Rollover contributions	166,307
Total contributions	3,137,281
Total additions	5,634,545
DEDUCTIONS:	
Benefits paid to participants	(1,979,441)
Administrative expenses	(19,827)
Total deductions	(1,999,268)
Net increase	3,635,277
Net assets available for benefits, beginning of year	39,935,341
Net assets available for benefits, end of year	$ 43,570,618

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Data Analysis Inc. Investment Plan and Trust (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

GENERAL

Data Analysis Inc. adopted the Plan effective as of January 1, 1990. The Plan is a defined contribution plan, which covers employees of Data Analysis Inc. and its affiliates (the "Company"), that include William O'Neil & Co. Incorporated; Investor's Business Daily, Inc.; O'Neil Data Systems, Inc.; O'Neil Data Systems LLC; O'Neil DS LLC, O'Neil Securities, Inc.; Market Smith, Inc.; Xanada LLC; and Finadco. The Plan is a defined contribution plan designed to provide participating employees the opportunity to accumulate retirement funds through a tax-deferred contribution arrangement pursuant to Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"). In addition to the Code, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

ADMINISTRATION OF THE PLAN

The Board of Directors of the Company is responsible for oversight of the Plan. The Plan committee, as appointed by the board of directors of the Company, determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

In 2014, Voya Retirement Insurance and Annuity Company purchased ING (the former "Recordkeeper") and, as such, is the current recordkeeper of the Plan. Further, Voya Institutional Trust Company ("Voya") replaced ING National Trust Company (the "Trustee") as the trustee and custodian of the Plan. The Company acts as the Plan administrator (the "Plan Administrator") and the Plan sponsor (the "Plan Sponsor"). Most administrative expenses of maintaining the Plan are paid by the Company.

PARTICIPATION

Participation in the Plan is available to all eligible employees who have completed one month of service and are 21 years of age or older. Re-hired employees who were previously participants in the Plan are eligible to re-enter the Plan immediately.

The Plan accepts direct cash rollovers from other qualified plans regardless of whether the employee has met the Plan's eligibility requirements.

Employees who become eligible to participate in the Plan are automatically enrolled in the Plan to make pretax deferrals unless the employee affirmatively elects not to make pretax deferrals within the applicable time period as described by the Plan. The employee is deemed to have elected to contribute 3% of the employee's pretax compensation each payroll period into a Voya targeted fund selected based on age and estimated retirement until a subsequent valid election is made by the participant.

CONTRIBUTIONS

Effective January 1, 2013, the Plan has been amended to add Roth contributions to participants' account. The Plan allows participants to contribute in whole percentages from 1% to 100% of their base compensation on a pretax basis or after-tax contribution ("Roth"), through bi-monthly payroll deductions. A participant's total contributions, in any Plan year, cannot exceed the limits provided under Section 415 of the Code. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions.

1. DESCRIPTION OF THE PLAN (Continued)

The Plan Sponsor has the option of making matching contributions and discretionary contributions but is not obligated to make such contributions. Since the Plan's inception, the Plan Sponsor has made no contributions to the Plan.

In order for the Plan to maintain its tax-exempt status as of December 31, 2014 and 2013, excess employee contributions of $0 and $147,789, respectively, were refunded to certain participants subsequent to each year-end. Such amounts were reflected as a liability in the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013.

VESTING

Participants are 100% vested in their elective contribution account. Upon termination of service, participants are eligible to receive a lump-sum amount equal to the value of their account. Full vesting of the Employer Matching Account and the Employer Discretionary Account occurs after one year of service.

PARTICIPANT ACCOUNTS

The Recordkeeper maintains an elective contribution account for each participant in the Plan. Each account is credited with the appropriate contributions and any earnings and/or gains/losses resulting from the investment of those contributions. Participants are charged with an allocation of administrative expenses that are paid by the Plan and upon any distributions from the participant accounts. Each participant may select the investment funds in which his or her contributions will be invested and may change his or her election anytime via telephone or Internet. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BENEFITS, DISTRIBUTIONS AND WITHDRAWALS

On termination of service due to death, disability, retirement, or termination a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or elect to keep the balance in the Plan. Participants with account balances under $5,000 are required to withdraw their balances from the Plan within 60 days. Participants with account balances of $5,000 or more may elect a distribution at any time following termination of employment. Annuity payments are available if the participant selects a Voya Lifetime Income Fund. All amounts are to be distributed in accordance with the minimum required distribution provisions of the Code.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants are permitted to borrow from their accounts subject to certain limitations and conditions established to comply with the current requirements of the Code. All notes receivable made to participants are secured by their accounts. Participants may borrow up to 50% of their vested account balance not to exceed $50,000. Participants may have a maximum of one outstanding note receivable at any time.

Notes receivable may have a term of up to five years, however, the term can be extended up to 30 years if the loan is used to acquire or construct a principal residence of the participant. The interest rate on notes receivable is prime rate, plus 1% which ranges between 4.25% and 9.25% for the notes receivable as of December 31, 2014. Notes receivable in the amount of $775,591 and $744,225 are reflected in the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP") using the accrual method of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value (see Note 3). 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.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts. Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract-value basis for fully benefit-responsive investment contracts.

Purchases and sales of securities are recorded on the 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 the 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. There was no accrued or unpaid interest for 2014 or 2013. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

CONTRIBUTIONS AND DISTRIBUTIONS

Participant contributions are recorded in the period during which the Company makes payroll deductions from the participants' pay. Distributions, which include benefits and withdrawals, are recorded when paid. On termination of service with the Company (including termination of service due to death, disability, or retirement), a participant may generally elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan had no excess contributions for 2014 and 2013 excess contributions were distributed to the applicable participants prior to March 15 of the year after they were initially recorded as contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

RECENT ACCOUNTING PRONOUNCEMENTS

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement: Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent),* which amends Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*. ASU No. 2015-07 removes the requirement to categorize, within the fair value hierarchy, all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The amendments are effective for years beginning after December 15, 2016, with early application permitted. The Plan Sponsor does not expect ASU No. 2015-07 to have a substantial impact on the Plan's financial statements.

In July 2015, FASB issued Accounting Standards Update (ASU) No. 2015-12*, Plan Accounting: Defined Contribution Pension Plans (Topic 962),(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* This update reduces complexity in employee benefit plan accounting, which is consistent with the FASB's simplification initiative.

Part I: Fully Benefit-Responsive Investment Contracts Topics 962 on employee benefit plan accounting requires fully benefit-responsive investment contracts to be measured at contract value. Those topics also require an adjustment to reconcile contract value to fair value, when these measures differ, on the face of the plan financial statements. The amendments in Part I of this update, designate contract value as the only required measure for fully benefit-responsive investment contracts, which maintains the relevant information while reducing the cost and complexity of reporting for fully benefit-responsive investment contracts.

Part II: Plan Investment Disclosures
As new disclosure requirements have been issued or amended, employee benefit plan financial statements have been affected. Specifically, the interaction between Topic 820, *Fair Value Measurement*, and Topic 962, on employee benefit plan accounting sometimes requires aggregation, or organization of similar investment information, in multiple ways. The objective of Part II of this update is to simplify and make more effective the investment disclosure requirements under Topic 820 and under Topic 962, for employee benefit plans.

Part III: Measurement Date Practical Expedient
The objective of Part III of this update is to reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments for Parts I, II, and III are effective for years beginning after December 15, 2015, with early application permitted. The Plan Sponsor does not expect ASU No. 2015-12 to have a substantial impact on the Plan's financial statements.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

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.

Pooled separate accounts - Pooled separate accounts are valued at the accumulated unit value ("AUV") of shares held by the Plan at year-end as determined by the Recordkeeper. Pooled separate accounts invest directly in designated mutual funds or, in some cases, collective investment trusts. The pooled separate accounts own and hold the underlying mutual fund or collective trust shares, which are valued daily at their NAV. Plan participants hold "units of participation" in these pooled separate accounts offered by the Trustee. The AUV is the value of each unit in the pooled separate account and is calculated daily. The AUV is first established when a new fund starts (typically the beginning AUV is $10) and is then determined daily based on the NAV of the shares of the underlying fund(s), the underlying funds' dividends and the separate account charges. Plan participants can redeem their pooled separate account units daily. There are no unfunded commitments, no defined remaining life, and there are no redemption notice periods or other restrictions at the measurement date.

Benefit-responsive investment contract - Benefit-responsive investment contract is valued at fair value by the Trustee by discounting the book value using a seven-year Treasury bond rate, plus 0.25%; the fixed account interest rate of 3%; and December 31, 2014 and 2013, being the dates of surrender of the contract. Because Plan participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Data Analysis Inc. Investment Plan and Trust Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments and overall credit ratings.

Certain unobservable inputs are assessed through review of contract terms (for example, surrender date) while others are substantiated utilizing available market data (for example, Treasury bond rate).

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

The Data Analysis Inc. Investment Plan and Trust Committee determine the Plan's valuation policies utilizing information provided by the Recordkeeper.

3. FAIR VALUE MEASUREMENTS (Continued)

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

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Growth funds	$ -	$ 10,466,009	$ -	$ 10,466,009
Value funds	-	9,346,476	-	9,346,476
International funds	-	3,222,756	-	3,222,756
Life Cycle funds	-	6,259,797	-	6,259,797
Fixed-Income funds	-	1,738,952	-	1,738,952
Balanced funds	-	1,644,368	-	1,644,368
Other funds	-	1,291,814	-	1,291,814
Total pooled separate accounts	-	33,970,172	-	33,970,172
Benefit-responsive investment contract	-	-	9,074,233	9,074,233
Total assets at fair value	$ -	$ 33,970,172	$ 9,074,233	$ 43,044,405

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Growth funds	$ -	$ 9,942,423	$ -	$ 9,942,423
Value funds	-	9,150,264	-	9,150,264
International funds	-	3,519,015	-	3,519,015
LifeCycle funds	-	5,513,445	-	5,513,445
Fixed-Income funds	-	1,352,603	-	1,352,603
Balanced funds	-	1,234,985	-	1,234,985
Other Funds	-	661,727	-	661,727
Total pooled separate accounts	-	31,374,462	-	31,374,462
Benefit-responsive investment contract	-	-	8,174,720	8,174,720
Total assets at fair value	$ -	$31,374,462	$ 8,174,720	$39,549,182

Transfers in and/or out of the hierarchy levels are recognized based on the beginning fair value of the year in which they occurred. There were no transfers of investments between hierarchy levels during the year ended December 31, 2014.

3. FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014 and 2013:

	Level 3 Assets
	Benefit-responsive investment contract at fair value
Balance as of January 1, 2013	$10,027,315
Unrealized gains (losses) relating to instruments still held at reporting date	(595,280)
Purchases	772,640
Sales	(2,029,955)
Balance as of December 31, 2013	$ 8,174,720

	Level 3 Assets
	Benefit-responsive investment contract at fair value
Balance as of January 1, 2014	$ 8,174,720
Unrealized gains (losses) relating to instruments still held at reporting date	149,206
Purchases	1,390,241
Sales	(639,934)
Balance as of December 31, 2014	$ 9,074,233

In estimating fair value of the investments in Level 3, the Plan's management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan's management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2005, the Plan entered into a benefit-responsive investment contract with the Trustee. The Recordkeeper maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value on a daily basis.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3% if the participant held the contract through the whole fiscal year. The interest rate could be less than 3% based on inflows and outflows conducted within the year. Such interest rates are reviewed on a quarterly basis for resetting. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan document (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, or (3) other Plan Sponsor events that cause a significant withdrawal from the benefit-responsive contract. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable of occurring.

AVERAGE YIELDS:	**2014**	**2013**
Based on actual earnings (1)	2.81%	3.01%
Based on interest rate credited to participants (2)	2.81%	3.01%

(1) Computed by dividing the actual earnings for the year of the contract on the last day of the Plan year by the fair value of the investments on the same date.
(2) Computed by dividing the actual earnings for the year credited to participants on the last day of the Plan year by the fair value of the investments on the same date.

5. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information included in the financial statements, notes, and supplemental schedules are based on information supplied by the Plan's trustee and was not audited. This unaudited information is as follows:

- Investments at fair value were $43,044,405 and $39,549,182 at December 31, 2014 and 2013, respectively.
- Interest income and dividends for the year ended December 31, 2014, of $256,722.
- Net appreciation in fair value of investments for the year ended December 31, 2014, of $2,201,624.

All investment balances and investment information have been certified by the Trustee, except notes receivable from participants, the fair value of the Voya Fixed Account as of December 31, 2014 and the classification and level of investments by level in Note 3, Fair Value Measurement.

The Plan Administrator has obtained certifications from the Trustee that the information provided to the Plan Administrator by the Trustee, including the information above, is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

5. INFORMATION CERTIFIED BY THE TRUSTEE (continued)

The following investments represent 5% or more of the Plan's net assets available for benefits:

	December 31, 2014	December 31, 2013
The Growth Fund of America	$ 7,340,379	$ 6,941,700
Voya Fixed Account (at contract value)*	8,714,750	7,964,443
American Funds Fundamental	2,076,711	2,136,621
Voya JPMorgan Small Equity Fund	2,313,131	1,863,227
Oppenheimer Developing Markets Fund	2,361,512	2,511,801

*The fair value of this investment at December 31, 2014 and 2013 was $9,074,233 and $8,174,720 respectively. During 2014, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,201,624.

6. EXEMPT-PARTY-IN-INTEREST TRANSACTIONS

The pooled separate accounts and the benefit-responsive investment contract are managed by the trustee of the Plan and participant notes receivable are related-party and party-in-interest transactions. These transactions qualify as party-in-interest transactions permitted by Department of Labor regulations. In addition, the Plan invests in pooled separate accounts and the benefit-responsive investment contract and issues loans to participants, which are secured by the vested balances in the participants' accounts.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Board of Directors of Data Analysis Inc. has the right at any time to amend the Plan or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, all net assets available for distribution at time of termination would be distributed to participants in proportion to their respective account balances.

8. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued. The Plan has no material reportable subsequent events.

9. RISK AND UNCERTAINTIES

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

9. RISK AND UNCERTAINTIES (continued)

decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades.

10. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, 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 Code and therefore believe that the Plan is qualified and the related trust is tax exempt.

In the Plan year, there was a transaction that had been deducted from a participant's account twice due to operational failure. The transaction has been corrected and that the Company does not expect the error will affect the Plan's qualified status.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31,	
	2014	**2013**
Net assets available for benefits at fair value per the financial statements	$ 43,930,101	$ 40,145,618
Add: Return of excess contributions	-	147,789
Add: Notes receivable remittance	7,735	-
Less: Receivables employee contributions	(110,105)	-
Less: Adjustment from contract value to fair value for full benefit-responsive investment contract	(359,483)	(210,277)
Net assets available for benefits per the Form 5500	$ 43,468,248	$ 40,083,130

11. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (continued)

A reconciliation of net increase available for benefits and distributions paid to participants per the financial statements to the Form 5500 as filed by the Company for the year ended December 31, 2014, is as follows:

Net increase in assets available for benefits per the financial statements	$ 3,635,277
Less: Participants pretax contributions	(99,270)
Less: Participants Roth contributions	(3,100)
Less: Prior-year return of excess contributions	(147,789)
Net increase in assets available for benefits per Form 5500	$ 3,385,118

The Form 5500 was prepared under the modified cash basis of accounting in 2014 and 2013. These financial statements were prepared under the accrual basis of accounting in 2014 and 2013.

Data Analysis Inc. Investment Plan and Trust
EIN: 95-3936696 PN: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
*	American Balanced Fund (R-4)	American Funds/Voya Pooled Separate Account		$1,644,368
*	Baron Asset Fund	Baron Funds/Voya Pooled Separate Account		421,524
*	Ariel Aprreciation Fund	Ariel Funds/Voya Pooled Separate Account		679,354
*	Voya Columbia Small Cap Fund	Columbia Funds/Voya Pooled Separate Account		319,067
*	Oppenheimer Int'l Growth Fund N	Oppenheimer Funds/Voya Pooled Separate Account		861,244
*	Voya Fixed Account	Voya Life Insurance And Annuity Company/Investment Contract		8,714,750
*	Voya Intermediate Bond Fund-A	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,180,594
*	Voya Large Cap Growth Portfolio-Svc	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,527,011
*	Voya Real Estate Fund (A)	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,291,814
*	Voya Solution 2015 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		617,370
*	Voya Solution 2025 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,412,387
*	Voya Solution 2035 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		2,167,683
*	Voya Solution 2045 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,756,435
*	Voya Solution 2055 Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		219,220
*	Voya Lifetime Inc Prt 2015	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		4,175
*	Voya Lifetime Inc Prt 2030	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		40,983
*	Voya Lifetime Inc Prt 2040	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		963
*	Voya Solution Income Portfolio-Init	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		40,581
*	BlackRock Equity Dividend Fund	BlackRock Funds/Voya Pooled Separate Account		237,263
*	Columbia High Yield Bond Fund	Columbia/Voya Pooled Separate Account		558,358
*	Voya JPMorgan Small Cap Equity Fund	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		1,227,224
*	Oppenheimer Developing Markets Fund-A	Oppenheimer Funds/Voya Pooled Separate Account		2,361,512
*	Oppenheimer Main Street Fund-A	Oppenheimer Funds/Voya Pooled Separate Account		935,851
*	Voya JPMorgan Mid Cap Val Fund	Voya Life Insurance And Annuity Company/Voya Pooled Separate Account		2,313,131
*	The Growth Fund of America-R4	American Funds/Voya Pooled Separate Account		7,340,379
*	Vanguard VIF Diversified Value	Vanguard Funds/Voya Pooled Separate Account		1,114,817
*	Vanguard VIF Small Company Growth	Vanguard Funds/Voya Pooled Separate Account		1,177,095
*	American Funds Fdmntl Inv (R-3)	American Funds/Voya Pooled Separate Account		2,076,711
*	PIMCO Real Return - Class R	PIMCO Funds/Voya Pooled Separate Account		443,058
*	Notes Receivable from Participants	The interest rate ranges from 4.25% – 9.25% and the loans are collateralized by the individual participant's account balances. The maturity dates range from 2014 through 2043.		783,326
				$43,468,248

* Denotes a party-in-interest, for which a statutory exemption exists.
** Cost information is omitted because all the investments are participant directed.