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
VACATION PUBLICATIONS, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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

5851 SAN FELIPE STREET
SUITE 500
HOUSTON, TX 77057

2b Employer Identification Number (EIN)
76-0069323

2c Plan Sponsor's telephone number
713-974-6903

2d Business code (see instructions)
561500

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	THAIN ALLEN
	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**	679
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)**	602
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	627
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	81
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	708
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	709
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	458
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:
2F 2G 2J 2K 2T 3D

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [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 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
VACATION PUBLICATIONS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0069323

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	20210	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONESTOGA SM CAP INV - MUTUAL SHAR 34-1896033	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD INV - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET INCM I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2015 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2020 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2025 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2030 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2035 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2040 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2045 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2050 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMRTRET 2055 I - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METWEST TOT RTN BD M - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAK RIDGE SMCP GR A - UMB FUND SER 39-1657495	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.50%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO LOW DUR ADM - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.28%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RDGWTH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%

(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
VACATION PUBLICATIONS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0069323

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: WF STABLE VALUE

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-6751924-001	C	270613

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
VACATION PUBLICATIONS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0069323

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	661758	531842
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	121509	270613
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14202281	16509824
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	14985548	17312279
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	14985548	17312279

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)	591221	
(B) Participants	2a(1)(B)	1875757	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2466978
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	60	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	838050	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		838050
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2731
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		515713
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3823532
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1378876	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1378876
f Corrective distributions (see instructions)	2f		97440
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	20485	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20485
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1496801
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2326731
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: HAM LANGSTON AND BREZINA **(2)** EIN: 76-0448495

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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
VACATION PUBLICATIONS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0069323

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): 04-6568107

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):

10/13/2015

5500 Schedule A Information

Employer Group #	L0000019	**Name of Insurance Company**	Memorial Hermann Health Insurance Company
Group Name	Vacation Publications, Inc.	**Insurance Company Address**	929 Gessner, Ste. 1500 Houston, TX 77024
Address	5851 San Felipe, Ste 500 Houston, TX 77057	**Tax ID #**	26-4419989
NAIC #	511130		
SIC #	2731		

This information is for the calendar year beginning January 2014 and ending December 2014

Approximate # of persons covered at the end of the policy year:

Medical	626	**Gross Premiums Paid:**	$ 2,289,126.92
		Commissions Paid:	$ 114,456.35
		Agent:	Robert Marder
		Agency:	Core Benefit Services, Inc.
		Address:	8554 Katy Fwy, Ste 100, Houston, TX
		General Agency:	
		Address:	

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September 30, 2014

000616 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 000400178540 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000616 0001 0000000 0MHSA6ZZ

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 000400178540 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Vol Child Life	65	08/01/2013	07/31/2014
Vol Spouse AD&D	72	08/01/2013	07/31/2014
Vol Spouse Life	72	08/01/2013	07/31/2014
Voluntary AD&D	295	08/01/2013	07/31/2014
Voluntary Life	295	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)	Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$9,253.59		3
Totals:	**$9,253.59**	**$0.00**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $61,690.55

MS*1530297190 000616 0002 000000 OMHSAGZZ

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September 30, 2014

000625 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 00040D026637 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000625 0001 000000 0MHSAGZZ

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 00040D026637 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Vol DHMO	241	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)	Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$4,000.77		3
Totals:	**$4,000.77**	**$0.00**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $40,007.56

NS*1530297190 000625 0002 000000 0MHSA622

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September 30, 2014

000614 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 000400178234 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000614 0001 000000 OMHSAGZZ

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 000400178234 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Vol Vision	348	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)	Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$3,060.93		3
Totals:	**$3,060.93**	**$0.00**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $30,609.10

MS*1530297190 000614 0002 000000 0MHSAGZZ

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September 30, 2014

000600 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 000400131031 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000600 0001 000000 0MHSA6ZZ

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 000400131031 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Vol LTD	199	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)		Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$8,417.54	Broker Bonus	$132.03	3
Totals:	**$8,417.54**		**$132.03**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $42,087.75

M$*1520297190 000600 0002 000000 0NHSA6ZZ

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September 30, 2014

000601 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 000400131032 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000601 0001 000000 OMHSA22Z

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 000400131032 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Voluntary WI	207	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)		Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$10,929.03	Broker Bonus	$125.90	3
Totals:	**$10,929.03**		**$125.90**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $54,645.17

MS*1530297190 000601 0002 000000 0MHSAGZZ

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September 30, 2014

000553 1530297190

VACATIONS PUBLICATIONS, INC.
5851 SAN FELIPE STE 500
HOUSTON TX 77057

RE: Group Policy Number: 00001D026636 00000
Policy/Contract Year: 08/01/2013 to 07/31/2014

Dear Client:

ERISA regulations require your employee benefit plan administrator to file an annual report (Form 5500 and Schedule A) with the Department of Labor, if the plan had 100 or more lives at the beginning of the plan year. If the coverage is provided through a Cafeteria Plan, you may also need to file a Form 5500 with the IRS.

As an aid in your completion of Schedule A, enclosed is the required information for your group insurance plan underwritten by The Lincoln National Life Insurance Company. This is in a form similar to the actual Schedule A form. The plan administrator may simply transfer the figures to the actual Schedule A.

If you are not sure whether you need to file a Form 5500, you will want to contact your own attorney, tax or benefits consultant. If any of the Schedule A information appears incorrect, please contact our office as soon as possible.

Contingent compensation payments are part of our overall expenses and are spread into the pricing across all lines of business.

If you need further assistance, please feel free to contact a Client Management Representative at 800-423-2765.

Enclosure

CC: CORE BENEFIT SERVICES INC
8554 KATY FREEWAY STE 100
HOUSTON TX 77024

MS*1530297190 000553 0001 000000 0MHSAGZZ

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE A

A. Name of Plan: VACATIONS PUBLICATIONS, INC.

Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions

1. Coverage:
   (a) Name of insurance carrier: The Lincoln National Life Insurance Company
   (b) EIN: 35-0472300
   (c) NAIC code: 65676
   (d) Contract or identification number: 00001D026636 00000
   (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
Dental	192	08/01/2013	07/31/2014

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)	Org. Code(e)
CORE BENEFIT SERVICES INC 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024	$8,581.70		3
Totals:	**$8,581.70**	**$0.00**	

Part III - Welfare Benefit Contract Information

7. Benefit and contract type: see Part I, section (e), column 1 above
9. Non-experience rated contracts:
   (a) Total premiums or subscription charges paid to carrier... $85,817.06

MS*153029719O 000553 0002 000000 OMHSAGZZ

VACATION PUBLICATIONS, INC.
401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH REPORT OF INDEPENDENT ACCOUNTANTS
as of and for the years ended December 31, 2014 and 2013

VACATION PUBLICATIONS, INC. 401(K) PLAN
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* 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 have been omitted because they are not applicable.

Ham, Langston & Brezina LLP
Certified Public Accountants

REPORT OF INDEPENDENT ACCOUNTANTS

To the Participants and Plan Administrator of
Vacation Publications, Inc. 401(k) Plan:

Report on Financial Statements

We were engaged to audit the accompanying financial statements of the Vacation Publications, Inc. 401(k) Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee, as of December 31, 2014 and 2013, and for the years 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 these financial statements.

REPORT OF INDEPENDENT ACCOUNTANTS, continued

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 DOL Rules and Regulations

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

Ham, Langston & Brezina, L.L.P.

Houston, Texas
July 30, 2015

VACATION PUBLICATIONS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments at fair value (See Notes 2, 3 and 4)	$ 17,316,073	$ 14,986,521
Employer contributions receivable	653,950	591,221
Total assets	17,970,023	15,577,742
Liabilities:		
Excess contributions payable	45,478	84,204
Total liabilities	45,478	84,204
Net assets available for benefits, at fair value	17,924,545	15,493,538
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(3,794)	(973)
Net assets available for benefits	$ 17,920,751	$ 15,492,565

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

VACATION PUBLICATIONS, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2014 and 2013

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Dividend and interest income	$ 838,110	$ 713,452
Net appreciation in fair value of registered investment companies	518,444	2,128,050
Total investment income	1,356,554	2,841,502
Contributions:		
Employer	653,950	592,746
Participant	1,830,279	1,632,368
Rollovers from other qualified plans	-	101,890
Total contributions	2,484,229	2,327,004
Total additions	3,840,783	5,168,506
Deductions from net assets attributed to:		
Benefits paid to participants	1,392,112	843,793
Administrative fees	20,485	18,491
Total deductions	1,412,597	862,284
Net increase in net assets available for benefits	2,428,186	4,306,222
Net assets available for benefits at beginning of year	15,492,565	11,186,343
Net assets available for benefits at end of year	$17,920,751	$ 15,492,565

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

VACATION PUBLICATIONS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

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

General

The Plan was established effective January 1, 2004 as a defined-contribution plan covering substantially all employees of the Company who have completed six months of service and are age twenty or older. Enrollment of eligible participants occurs on January 1st and July 1st of each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration

The Plan is administered by an administrator appointed by the Company. Fidelity Management Trust Company (the "Trustee") serves as the Plan's Trustee and recordkeeper.

Contributions

Each year participants may contribute from 1% to 50% of their pre-tax annual compensation not to exceed the limitation set forth in Section 402(g) ($17,500 in both 2014 and 2013) of the Internal Revenue Code ("IRC"). Participants may make catch-up contributions, pre-tax contributions that exceed the annual elective deferral limit, during any calendar year ending with or after the participant's 50th birthday. Participants' total catch-up contributions during both 2014 and 2013 cannot exceed $5,500. Participants may also make rollover contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company made matching contributions on behalf of each participant of 50% of the participant's elective contribution up to 6% of the participant's eligible compensation in both 2014 and 2013. During 2014 and 2013, the Company made matching contributions of $653,950 and $591,221, respectively, to the Plan. Additionally, the Plan provides for discretionary and qualified non-elective contributions. During 2014 and 2013, the Company made qualified non-elective contributions of $0 and $1,525, respectively, to the Plan. There were no discretionary contributions made during 2014 or 2013. The Company's contributions are invested directly in the various investment options, as directed by the participant.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's contribution and (2) Plan earnings or losses. Earnings or losses are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants invested in that fund. Upon the occurrence of a distribution event, the benefit to which a participant is entitled is the benefit that can be provided from the participant's vested interest in his or her account.

Continued

1. **Description of Plan, continued**

Vesting

Participants are vested immediately in their contributions and Company matching contributions plus actual earnings thereon.

Notes Receivable from Participants

The Plan does not allow participants to borrow from their fund accounts.

Forfeitures

Forfeitures of Company contributions may occur if the Plan fails the nondiscrimination test under IRC Section 401(k)(3). Failure of the nondiscrimination test results in a distribution of excess contributions to the participant and any Company matching contribution attributable thereto, are forfeited to the Plan and available to reduce future Company contributions. No forfeitures were utilized to reduce Company contributions during the years ended December 31, 2014 and 2013. Forfeitures available to reduce future Company contributions totaled $49,266 and $36,908 as of December 31, 2014 and 2013, respectively.

Payment of Benefits

Benefit payments are typically made in a lump-sum distribution to the participant upon termination of employment, disability or retirement or to the designated beneficiary in the event of death, equal to the balance of the participant's account. Participants over the age of 59½ may make in-service withdrawals of the vested value of their accounts.

The Plan also permits hardship withdrawals in the event of an immediate and heavy financial need, as defined by the Plan. The Plan imposes a suspension of elective deferrals for a period of six months following a hardship withdrawal.

Administrative Expenses

Plan administrative expenses may be paid by the Plan or the Company.

Expense Offset Arrangements

Fees incurred by the Plan for investment management services or recordkeeping are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

2. **Summary of Significant Accounting Policies**

Basis of Accounting

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

Continued

2. **Summary of Significant Accounting Policies, continued**

Basis of Accounting, continued

As described in Accounting Standards Codification ("ASC") Topic 962, *Plan Accounting – Defined Contribution Pension Plans*, 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 because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Investments in the accompanying Statements of Net Assets Available for Benefits include a common collective trust, i.e., Wells Fargo Stable Value Fund M ("Stable Value Fund") which is a fully benefit-responsive investment contract. As required, the Statements of Net Assets Available for Benefits present the fair value of the investment contract, as well as the adjustment of the fully benefit-responsive investment contract, from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan to make estimates and assumptions that affect the reported amount of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options. These investment options are exposed to market risks, which generally means the risk of loss in the value of certain investment securities due to changes in interest rates, security and commodity prices and general market conditions. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The Plan's interest in the Stable Value Fund is valued at fair value based on information reported by the investment advisor using the audited financial statements of the common collective trust fund at year-end.

Net appreciation in fair value of investments includes realized gains and losses on investments sold during the year and unrealized appreciation or depreciation of investments held at the end of the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Continued

2. **Summary of Significant Accounting Policies, continued**

Benefit Payments

Benefits are recorded when paid.

Recent Accounting Pronouncements

In April 2013, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2013-07, *Liquidation Basis of Accounting*. ASU 2013-07 addresses when it is appropriate to apply, or how to apply, liquidation basis of accounting. ASU 2013-07 is effective for entities that determine liquidation is imminent during annual reporting periods beginning after December 31, 2014. The adoption of this pronouncement is not expected to have a material effect on the Plan's financial statements.

3. **Investments**

The following individual investments each represent five percent or more of the Plan's net assets at December 31, 2014 and 2013:

	2014	2013
Spartan Total Market Index Fund	$ 2,071,778	$ 1,723,877
Fidelity OTC Portfolio Fund	1,283,532	1,093,783
JP Morgan Smart Retirement 2040 Fund	1,130,636	*
Fidelity Diversified International Fund	968,047	1,063,609
JP Morgan Smart Retirement 2030 Fund	922,004	*
Fidelity Freedom 2040 Fund	*	943,199
Investments less than 5% of the Plan's net assets	12,992,716	10,162,053
Total investments	$ 17,316,073	$ 14,986,521

* Not applicable in the period indicated

During the years ended December 31, 2014 and 2013, the Plan's investments in registered investment companies (including gains and losses on investments bought and sold during the year, as well as unrealized appreciation or depreciation on investments held at the end of the year) appreciated in value by $518,444 and $2,128,050, respectively.

Continued

4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

In determining fair value, the Plan may use one of three different approaches (the market approach, the income approach and the cost approach) depending on the nature of the assets and liabilities. The market approach uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities. The income approach uses valuation techniques to convert future amounts such as cash flows or earnings to a single present amount, with the measurement based on the value indicated by current market expectations about those future amounts. The cost approach is the amount that would be currently required to replace an asset and indicates the cost to the Plan to acquire a substitute asset.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end. (Market approach)

Stable Value Fund: Valued at fair value based on information reported by the investment advisor using the audited financial statements of the common collective trust fund at year-end. (Market approach)

Continued

4. **Fair Value Measurements, continued**

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

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

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	$ 4,793,061	$ -	$ -	$ 4,793,061
Targeted date funds	4,824,958	-	-	4,824,958
Blended funds	1,805,462	-	-	1,805,462
Value funds	1,866,659	-	-	1,866,659
Index funds	2,218,366	-	-	2,218,366
Money market funds	531,842	-	-	531,842
Bond funds	1,001,318	-	-	1,001,318
Total mutual funds	17,041,666	-	-	17,041,666
Stable Value Fund	-	274,407	-	274,407
Total assets at fair value	$ 17,041,666	$ 274,407	$ -	$ 17,316,073

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	$ 4,358,797	$ -	$ -	$ 4,358,797
Targeted date funds	4,125,522	-	-	4,125,522
Blended funds	1,543,747	-	-	1,543,747
Value funds	1,689,622	-	-	1,689,622
Index funds	1,843,582	-	-	1,843,582
Money market funds	661,758	-	-	661,758
Bond funds	641,011	-	-	641,011
Total mutual funds	14,864,039	-	-	14,864,039
Stable Value Fund	-	122,482	-	122,482
Total assets at fair value	$14,864,039	$ 122,482	$ -	$14,986,521

Continued

5. Information Certified by the Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Other than the fair value of the guaranteed investment contract and the related adjustment from fair value to contract value for fully benefit-responsive investment contracts, certain information related to investments disclosed in the accompanying financial statements and supplement schedule, including investments held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2014 and 2013, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee. The contract value of the guaranteed investment contract was certified by the Trustee.

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

6. Tax Status

The Plan is based on a standardized prototype plan. The prototype plan received an opinion letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and accordingly, that the trust maintained in connection with the Plan is tax-exempt.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in any previously non-vested account balances.

8. Excess Contributions Payable

Excess contributions represent amounts withheld from participants in excess of IRC limitations that are to be refunded at year-end. As of December 31, 2014 and 2013, $45,478 and $84,204, respectively, of excess contributions and earnings thereon are required to be refunded prior to December 31, of the subsequent year. These amounts were refunded to participants prior to March of the year following the Plan year-end. Excess contributions are netted against contributions in the accompanying Statements of Changes in Net Assets Available for Benefits.

9. Party-in-Interest Transactions

Certain Plan investments are in funds managed by the Trustee, and therefore, such transactions qualify as party-in-interest transactions under ERISA. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

Continued

9. Party-in-Interest Transactions, continued

The Company pays various administrative expenses on behalf of the Plan. Such expenses were $2,250 and $2,700 for the years ended December 31, 2014 and 2013.

10. Reconciliation of Plan Financial Statements to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$17,920,751	$15,492,565
Excess contributions payable	45,478	84,204
Employer contributions receivable	(653,950)	(591,221)
Net assets available for benefits per Form 5500	$17,312,279	$14,985,548

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2014 and 2013:

	2014	2013
Net increase in net assets available for benefits per the financial statements	$ 2,428,186	$ 4,306,222
Excess contributions payable - current year	45,478	84,204
Excess contributions payable - prior year	(84,204)	(50,720)
Employer contributions receivable - current year	(653,950)	(591,221)
Employer contributions receivable - prior year	591,221	522,286
Net increase in net assets available for benefits per Form 5500	$ 2,236,731	$ 4,168,908

11. Subsequent Events

Management has evaluated subsequent events through July 30, 2015, which is the date of issuance of the financial statements, and has concluded that there are no significant events to be reported.

SUPPLEMENTAL SCHEDULE

VACATION PUBLICATIONS, INC. 401(K) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

EIN: 76-0069323
PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value***
*	Fidelity Investments	Mutual Fund - Spartan Total Market Index Fund	$ 2,071,778 **
*	Fidelity Investments	Mutual Fund - OTC Portfolio Fund	1,283,532 **
	JP Morgan	Mutual Fund - Smart Retirement 2040 Fund	1,130,636 **
*	Fidelity Investments	Mutual Fund - Diversified International Fund	968,047 **
	JP Morgan	Mutual Fund - Smart Retirement 2030 Fund	922,004 **
*	Fidelity Investments	Mutual Fund - Low Price Stock Fund	737,671
*	Fidelity Investments	Mutual Fund - Growth Company Fund	715,117
	JP Morgan	Mutual Fund - Smart Retirement 2045 Fund	696,089
*	Fidelity Investments	Mutual Fund - Blue Chip Growth Fund	619,364
*	Fidelity Investments	Mutual Fund - Mid Cap Stock Fund	595,774
*	Fidelity Investments	Mutual Fund - Retirement Money Market Fund	531,842
	JP Morgan	Mutual Fund - Smart Retirement 2035 Fund	508,807
	Ridge Worth	Mutual Fund - Mid Cap Value Equity Fund – Class I	508,777
*	Fidelity Investments	Mutual Fund - Contra Fund	497,671
	JP Morgan	Mutual Fund - Smart Retirement 2020 Fund	487,707
	Metropolitan West Funds	Mutual Fund - Total Return Bond Fund – Class M	486,294
*	Fidelity Investments	Mutual Fund - Real Estate Investment Fund	446,627
	JP Morgan	Mutual Fund - Smart Retirement 2025 Fund	433,478
*	Fidelity Investments	Mutual Fund - Small Cap Retirement Fund	409,346
*	Fidelity Investments	Mutual Fund - Puritan Fund	402,770
*	Fidelity Investments	Mutual Fund - Small Cap Value Fund	315,492
	Invesco	Mutual Fund - Diversified Dividend Investor Fund	304,719
	JP Morgan	Mutual Fund - Smart Retirement 2050 Fund	300,891
	JP Morgan	Mutual Fund - Smart Retirement 2015 Fund	275,147
	Wells Fargo Bank, N.A.	Common Collective Trust Fund – Stable Value Fund M	274,407
*	Fidelity Investments	Mutual Fund - Fidelity Large Cap Stock Fund	266,506
	JP Morgan	Mutual Fund - Smart Retirement Income Fund	245,572
*	Fidelity Investments	Mutual Fund - Value Strategies Fund	216,926
*	Fidelity Investments	Mutual Fund - Spartan Extended Market Index Fund	146,588
	PIMCO	Mutual Fund - Low Duration Admin Fund	125,156
*	Fidelity Investments	Mutual Fund - Spartan Intermediate Treasury Bond Fund	123,362
	Oppenheimer Funds	Mutual Fund - Developing Markets Fund – Class A	102,718
*	Fidelity Investments	Mutual Fund - Fidelity Fund	84,221
	JP Morgan	Mutual Fund - Smart Retirement 2055 Fund	70,199
	Conestoga	Mutual Fund - Small Cap Investors Fund	10,838
	Total investments		$ 17,316,073

* Represents a party-in-interest.
** Represents investment comprising at least 5% of net assets available for benefits.
*** Cost information is not presented because all investments are participant directed.

VACATION PUBLICATIONS, INC. 401(K) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

EIN: 76-0069323
PN: 001

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