

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

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>COMPSOLUTIONS PEO 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
			1c Effective date of plan	<u>01/01/2003</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>COMPENSATION SOLUTIONS, INC.</u>		2b Employer Identification Number (EIN)	<u>22-3686777</u>
	<u>500 VALLEY ROAD</u>		2c Plan Sponsor's telephone number	<u>201-405-1115</u>
	<u>SUITE 201</u>		2d Business code (see instructions)	<u>541214</u>
	<u>WAYNE, NJ 07470</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	THOMAS SPIES
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1941
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1105 6a(2) 1099 6b 6c 286 6d 1385 6e 6f 1385 6g 1002 6h 11
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: 2T 2E 2F 2G 2J 2K 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan COMPSOLUTIONS PEO 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3686777	

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

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	931025-000	1002	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
242816	

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

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

COMPSOLUTIONS AGENCY INC
SUSAN CARRAZANA
PO BOX 3337
WAYNE, NJ 07474-3337

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163021			3

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

MERRILL LYNCH LIFE AGENCY INC
LAWRENCE V O'CONNOR
4804 DEER LAKE DR, E 5TH FLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16569			3

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

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

EXECUTIVE INSURANCE AGENCY INC

DAVID KONIKOW
130 SPRINGSIDE DRIVE, STE 30
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15599			3

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

MERRILL LYNCH LIFE AGENCY INC

KEVIN M OWENS
4804 DEER LAKE DR, E 5TH FLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13018			3

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

EXECUTIVE INSURANCE AGENCY INC

MICHAEL B DRANOFF
130 SPRINGSIDE DRIVE, STE 30
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12679			3

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

PARK AVENUE SECURITIES

DAMIEN JACKSON
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9296			3

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

AXA NETWORK LLC

ADAM T KAZALSKI
4251 CRUMS MILL RD
HARRISBURG, PA 17112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6985			3

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

PARK AVENUE SECURITIES

MICHAEL R TORMEY
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2145			3

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

PARK AVENUE SECURITIES

ROBERT F SIEDLER
7 HANOVER SQUARE, COMM DEPT 14
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2137			3

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

PARK AVENUE SECURITIES

BETTIE W JARVIS
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
900			3

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

PARK AVENUE SECURITIES

KEVIN J PENT
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
467			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	42421020

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year	7b	8808349
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c Additions: (1) Contributions deposited during the year	7c(1)	664865	
(2) Dividends and credits	7c(2)	401	
(3) Interest credited during the year	7c(3)	112301	
(4) Transferred from separate account	7c(4)	1329947	
(5) Other (specify below)	7c(5)	82942	
▶ LOAN PAYMENTS			

(6) Total additions	7c(6)	2190456
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d Total of balance and additions (add lines 7b and 7c(6))	7d	10998805
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	919548
(2) Administration charge made by carrier	7e(2)	57633
(3) Transferred to separate account	7e(3)	1578579
(4) Other (specify below)	7e(4)	141023

▶ LOAN

(5) Total deductions	7e(5)	2696783
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	8302022
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>COMPSOLUTIONS PEO 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPENSATION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-3686777</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	306662	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

COHN REZNICK, LLP

22-1478099

(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?
10	AUDIT	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH LIFE AGENCY, INC

13-2808480

(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?
22 23 53	BROKER		Yes ☒ No ☐	Yes ☐ No ☒	875	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)

AXA NETWORK, LLC

06-1555494

(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?
22 23 53	BROKER		Yes ☒ No ☐	Yes ☐ No ☒	142	Yes ☐ No ☐

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

VALMARK SECURITIES INC.

34-1004471

(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?
22 23 53	BROKER		Yes ☒ No ☐	Yes ☐ No ☒	141	Yes ☐ No ☐

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

PARK AVENUE SECURITIES LLC

13-4023176

(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?
22 23 53	BROKER		Yes ☒ No ☐	Yes ☐ No ☒		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>COMPSOLUTIONS PEO 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPENSATION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-3686777</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BOND RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>784766</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WMC QUALITY GROWTH EQUITY RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>911286</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BALANCED RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>621122</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO AMERICAN FRANCHISE RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-137</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>262707</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TEMPLETON FOREIGN RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-143</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>399012</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-148</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>258082</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY GLOBAL GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-149</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>497497</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1396422
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN SMALL CAP RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-151	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 342860
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 523602
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1012283
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 796199
a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540241
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH WITH INCOME INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1441727
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1218448
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL QUEST INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 332642
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900210

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 586246
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 614802
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1029484
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-390	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 800344
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-394	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 679695
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP GROWTH INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-395	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155137
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN FOCUS INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-396	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301812
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-397	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473901
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 721570
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-425	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341204

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LARGE CO		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-426	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295580
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 961412
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LARGE VA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-428	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 895185
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-429	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112968
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214367
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334939
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1346004
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105623
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1418692
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BON		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-435	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 631986

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE MID-CAP GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 528138
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CHARTER RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 320622
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY PORTFOLIO INV O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-439	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 369336
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISCOVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-440	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1272377
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN FRANCHISE INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-443	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110590
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET INVESTM		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-444	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217543
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1317066
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534429
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VALUE OPPORTUNITIES IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-448	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249023
a Name of MTIA, CCT, PSA, or 103-12 IE: PERKINS SMALL CAP VALUE RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 858471

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2187187
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 573778
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675294
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 753550
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 615567
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371767
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1886394
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731519
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET MID CA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-090	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 999057
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264151

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1413823
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499571
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 984949
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245959
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180915
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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)
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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)
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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)
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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)
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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)
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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 COMPSOLUTIONS PEO 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.		D Employer Identification Number (EIN) 22-3686777

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	384239	402693
(2) Participant contributions.....	1b(2)	77529	56613
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	845380	813611
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	39827923	42421022
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8808349	8302022
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	49943420	51995961

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	46033	47563
k Total liabilities (add all amounts in lines 1g through 1j)	1k	46033	47563

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	49897387	51948398
---	-----------	----------	----------

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)	1560541	
(B) Participants	2a(1)(B)	3753278	
(C) Others (including rollovers)	2a(1)(C)	295563	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5609382
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	33726	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33726
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3076848
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		112702
d Total income. Add all income amounts in column (b) and enter total	2d		8832658

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3516584	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3516584
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	318523	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		318523
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3835107

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4997551
l Transfers of assets:			
(1) To this plan	2l(1)		894
(2) From this plan	2l(2)		2947434

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: COHN REZNICK

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		2000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTAL SOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	333

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 COMPSOLUTIONS PEO 401(K) PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.				D Employer Identification Number (EIN) 22-3686777	
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): 42-6362604					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

CompSolutions PEO 401(k) Plan
Financial Statements
Year Ended December 31, 2014

CompSolutions PEO 401(k) Plan

Index to Financial Statements

Year Ended December 31, 2014

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Independent Auditor's Report

To the Trustees of the
CompSolutions PEO 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CompSolutions PEO 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2014 and 2013, and for the years then ended that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

To the Trustees of the
CompSolutions PEO 401(k) Plan

Other Matter

The supplementary schedule which consists of the Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplementary 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 supplementary schedules, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Cohn Reznick LLP". The signature is written in a cursive, flowing style.

Roseland, New Jersey
October 12, 2015

CompSolutions PEO 401(k) Plan

Statements of Net Assets Available for Benefits

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Assets:		
Investments at Fair Value:		
Investments - pooled separate accounts	\$ 42,421,022	\$ 39,827,923
Investments - stable value fund	<u>8,302,022</u>	<u>8,808,349</u>
Total Investments at Fair Value	\$ 50,723,044	\$ 48,636,272
Receivables:		
Employer contribution	402,693	384,239
Participant contributions	56,613	77,529
Notes receivable from participants	<u>813,611</u>	<u>845,380</u>
Total Receivables	<u>1,272,917</u>	<u>1,307,148</u>
Total Assets Available for Benefits	51,995,961	49,943,420
Liabilities:		
Excess contribution payable	<u>47,563</u>	<u>46,033</u>
Total Liabilities	<u>47,563</u>	<u>46,033</u>
Net Assets Available for Benefits	<u><u>\$ 51,948,398</u></u>	<u><u>\$ 49,897,387</u></u>

The Accompanying Notes are an Integral Part of these Financial Statements.

CompSolutions PEO 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2014	Year Ended December 31, 2013
Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in		
fair value of investments	\$ 3,076,848	\$ 7,198,457
Interest income on stable value fund	112,702	129,726
Interest income on notes receivable from participants:	33,726	33,918
Contributions:		
Participant	3,753,278	3,447,757
Employer	1,560,541	1,327,226
Rollovers	295,563	874,146
Total Additions	\$ 8,832,658	\$ 13,011,230
Deductions From Net Assets Attributed to:		
Benefits paid directly to participants		
or beneficiaries	3,516,584	2,554,402
Administrative expenses	318,523	327,887
Total Deductions	3,835,107	2,882,289
Net Increase in Net Assets	4,997,551	10,128,941
Transfers of Assets Into The Plan	894	2,461,203
Transfers of Assets Out of The Plan	(2,947,434)	(2,334,108)
Net Assets Available for Benefits		
at Beginning of Year	49,897,387	39,641,351
Net Assets Available for Benefits		
at End of Year	\$ 51,948,398	\$ 49,897,387

The Accompanying Notes are an Integral Part of these Financial Statements.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements

Note 1 – Summary of Plan Provisions:

The following description of the CompSolutions PEO 401(k) Plan ("Plan") is provided for general information purposes only. Participants should refer to the Acceptance and Adoption Agreement ("AAA") of their employer for a more comprehensive description of the Plan's provisions.

- A. Description of Plan – The Plan is a multiple employer defined contribution plan. A multiple employer plan is a collection of single-employer plans sponsored by two or more unrelated employers who pool their resources for investment purposes and to minimize administrative costs. The Plan covers all employees of the participating employers ("Co-employers") who have met certain age and/or service requirements, as defined in each Co-employer's separate AAA. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- B. Plan sponsor – Compensation Solutions, Inc. ("CSI") is the principal participating employer and, as such, has a significant influence over the Plan and is responsible for the administration of the Plan. The Plan sponsor includes the following entities which are related through common ownership: CSI Management Group, Inc. ("Management"), Compensation Solutions, Inc. ("CSI"), Compensation Solutions, Inc. of Oakland ("CSIOAK"), and Compensation Solutions, Inc. of Wayne ("CSIWAYNE").
- C. Contributions – Pre-tax employee contributions are made pursuant to salary deferral agreements. Participants may elect to contribute not less than 1% or more than 100% of pre-tax annual compensation, as defined by the Plan sponsor's and the Co-Employer's AAA. Each Co-employer may elect to have a mandatory match, safe harbor, discretionary match, discretionary profit sharing or no employer contributions according to their respective AAA. All Plan sponsor and Co-employers' contributions are made in accordance with their respective AAA eligibility requirements and definitions of compensation.

Some Co-employers have chosen to make a qualified non-elective contribution to satisfy their compliance test for the years ended December 31, 2014 and 2013. Therefore, a contribution was made to the non-highly compensated group in 2015 and 2014.

Some Co-employers have chosen the refund method to satisfy the Automatic Data Processing compliance test for the years ended December 31, 2014 and 2013. Therefore, any excess contributions and attributable earnings are refunded and increase the total participant distributions.

- D. Rollovers – The Plan allows participant employees, upon approval of the administrative committee, to make rollover contributions of amounts received from other qualified approved retirement plans and Individual Retirement Accounts provided they are made within 60 days of receipt of such amounts by an employee.
- E. Notes Receivable from Participants – The Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes receivable are secured by the balance in the participant's account and bear interest at a rate which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions. All Plan sponsor and Co-employer loans are made in accordance with their respective AAA requirements.

Note 1 – Summary of Plan Provisions (Continued):

- F. Vesting – Participants are immediately vested in their deferrals and safe harbor contributions plus actual earnings thereon. Vesting in any employer matching contributions or discretionary employer contributions, plus actual earnings thereon is based on service requirements, as defined by the Co-employer and ranges from immediate vesting to 6 years, as specified in each respective Co-employer's AAA.
- G. Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of: (a) Employer contributions, if any, (b) Plan earnings and charged with an allocation of administrative expenses, if any, that are incurred by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The vesting schedule is defined in each Co-employer's AAA.
- H. Forfeited Accounts – As permitted by the Plan document, these accounts will be used to reduce Plan expenses, future employer contributions or allocated to participants. During 2014 and 2013, there were forfeitures in the amount of \$18,897 and \$61,037, respectively, of which \$1,293 and \$12,480, respectively, were used to reduce employer contributions, and \$17,604 and \$48,557, respectively, were used to reduce Plan expenses. At December 31, 2014 and 2013, forfeited accounts totaled \$2,135 and \$11,434, respectively.
- I. Benefits Upon Termination of Employment – The Plan provides for benefits upon termination of employment through retirement, death, disability or for other reasons. Normal retirement age has been designated as age 65. On termination of services due to death, disability or retirement, a participant may elect to receive a lump sum distribution amount equal to the value of the participant's vested interest in his or her account. The Plan does not have a provision for annuities. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. For participants with vested account balances between \$1,000 and \$5,000, the distribution will be paid in a direct rollover to an individual retirement account designated by the Plan, unless the participant elects to have such distribution paid directly into an eligible retirement plan. Participants with vested account balances of \$1,000 or less will automatically be paid in a lump sum.

Note 2 – Summary of Significant Accounting Policies:

A. Basis of Accounting:

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

B. Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for the discussion of fair value measurements.

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

Note 2 – Summary of Significant Accounting Policies (Continued):

C. Notes Receivable from Participants:

Loans to participants are reported at their unpaid balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

D. The Stable Value Fund is part of Transamerica Life Insurance Company's (Transamerica) general account as described in the group annuity contract held by the Plan and the term "Stable Value Fund" is the designation used in the group annuity contract to identify the fund account. Since Transamerica's general account is not segregated to reflect the balance or investments attributable to any one contract or class of contracts that participates in this account, the Stable Value Fund, as part of the general account, is not shown separately in Transamerica's general account financial statements. The Stable Value Fund has a portfolio investment rate design in which all deposits are credited, on a daily basis, with the same interest rate and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. For deposit liabilities with no defined maturities, the fair value to be disclosed is the amount payable on demand at the reporting date. Accordingly, the contract value is also the fair value to be disclosed. The average interest crediting rate was 1.35% and 1.45% for the years ended December 31, 2014 and 2013, respectively. The minimum interest crediting rate was 1.35% and 1.45% at December 31, 2014 and 2013, respectively.

The Stable Value Fund allows all participant elected distributions, which are permitted under the terms of the Plan, from these funds (including termination from employment, death, disability, retirement, hardship, loan requests, plan termination or termination of employment due to layoffs which are payable at contract value). Participant directed transfers to non-competing funds are also payable at contract value, subject to certain limitations. The only distributions that are payable subject to a market value adjustment, which is calculated in accordance with the contract provisions are: (1) single sum transfers of assets to a new carrier at contract termination and (2) if a plan merger occurs, single sum transfers of assets at contract termination to the new plan.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

E. Plan Expenses:

The Plan is sponsored by CSI. Personnel within the Plan sponsor organization perform some administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as Plan expenses. Certain administrative expenses of the Plan, including custodial fees, are deducted from the participants accounts (See Note 11 for Party-In-Interest Transactions).

Note 2 – Summary of Significant Accounting Policies (Continued):

F. Excess Contributions Payable:

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding adjustment to deductions. The Plan distributed the 2014 and 2013 excess contributions to the applicable participants prior to March 15, 2015 and March 15, 2014, respectively.

G. Payment of Benefits:

Benefits are recorded when paid.

H. Estimates:

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

I. Accounting For Uncertainty In Income Taxes:

In accordance with guidance issued by the Financial Accounting Standards Board on accounting for uncertainty in income taxes, management has evaluated the Plan's tax position and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. Federal, state or local tax authorities for years before 2011.

J. Subsequent Events:

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

Note 3 – Transfer to/from Other Plans:

New participating employers are reflected as transfers from other plans and employers terminating participation in the Plan are reflected as transfers to other plans in the statements of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the plan document.

Note 4 – Investments:

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

	<u>2014</u>	<u>2013</u>
Transamerica Stable Value Fund	\$8,302,022	\$8,808,349

During 2014, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$3,076,848.

Note 5 – Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of inputs other than quoted prices that are observable for the similar assets or liabilities in active markets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

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

Level 1 – No level 1 investments.

Level 2 – Fair Value Measurements:

The fair value of pooled separate accounts is primarily valued at net assets value per share based on quoted market prices of underlying investments, except as otherwise noted.

The Plan's valuation methodology for the Stable Value Fund was derived from corroboration of observable market inputs, specifically interest rates offered and the credit worthiness of the issuer which supports their ability to meet its obligation under the investment contract and credit rating. This product is not a traditional Guaranteed Investment Contract and, therefore, there are no known cash flows that could be discounted. With respect to the Stable Value Funds, Transamerica similarly publishes the rates on which participants are paid interest for the specified terms. Although the rates may change from time to time they are available daily. To determine the fair market values each year, Transamerica compares the rates in effect on that date to the rates on which the actual interest is determined and adjusts the book value based on the difference in those rates. Although there is not a secondary market for the Stable Value Funds to which those fair values can be compared, the fact that Transamerica publishes these rates daily and applies them both to new deposits and to the calculation of fair value would appear to constitute an active market and therefore is classified within Level 2 of the valuation hierarchy.

Level 3 – No level 3 investments.

Note 5 – Fair Value Measurements (Continued):

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

	December 31, 2014			
	Total	Level 1	Level 2	Level 3
Pooled separate accounts:				
Bond Funds	\$ 4,058,341	\$ ---	\$ 4,058,341	\$ ---
High Yield Bond Funds	1,418,691	---	1,418,691	---
Hybrid Funds	10,579,614	---	10,579,614	---
Large/Mid Value Equity Funds	4,170,593	---	4,170,593	---
Large/Mid Blend Equity Funds	5,009,160	---	5,009,160	---
Large/Mid Growth Equity Funds	5,868,856	---	5,868,856	---
Small Company Equity Funds	4,317,791	---	4,317,791	---
Global Equity Funds	1,859,619	---	1,859,619	---
International Equity Funds	1,833,650	---	1,833,650	---
Specialty Funds	3,304,707	---	3,304,707	---
Stable Value Fund	8,302,022	---	8,302,022	---
Total Investments	<u>\$ 50,723,044</u>	<u>\$ ---</u>	<u>\$ 50,723,044</u>	<u>\$ ---</u>
	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Pooled separate accounts:				
Bond Funds	\$ 3,902,141	\$ ---	\$ 3,902,141	\$ ---
High Yield Bond Funds	1,262,221	---	1,262,221	---
Hybrid Funds	8,378,467	---	8,378,467	---
Large/Mid Value Equity Funds	3,814,246	---	3,814,246	---
Large/Mid Blend Equity Funds	4,781,927	---	4,781,927	---
Large/Mid Growth Equity Funds	6,481,735	---	6,481,735	---
Small Company Equity Funds	4,197,942	---	4,197,942	---
Global Equity Funds	1,913,042	---	1,913,042	---
International Equity Funds	2,169,473	---	2,169,473	---
Specialty Funds	2,926,729	---	2,926,729	---
Stable Value Fund	8,808,349	---	8,808,349	---
Total Investments	<u>\$ 48,636,272</u>	<u>\$ ---</u>	<u>\$ 48,636,272</u>	<u>\$ ---</u>

Note 6 – Information Certified by the Custodian:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-108 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Transamerica, the custodian of the Plan as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplementary schedules.

Note 6 – Information Certified by the Custodian (Continued):

A. Investments held and certified by Transamerica Life Insurance Company:

	December 31	
	2014	2013
Investments at Fair Value :		
Transamerica Stable Value Fund	\$ 8,302,022	\$ 8,808,349
Other	42,421,022	39,827,923
Total Investments at Fair Value	<u>\$ 50,723,044</u>	<u>\$ 48,636,272</u>

B. Investment income certified by Transamerica:

	Year Ended December 31	
	2014	2013
Investment Income as Determined by Quoted Market Price:		
Transamerica Stable Value Fund	\$ 112,702	\$ 129,726
Other	3,076,848	7,198,457
Net Certified Investment Income	<u>\$ 3,189,550</u>	<u>\$ 7,328,183</u>

Note 7 – Tax Exempt Status:

The Plan adopted a Volume submitter Profit Sharing Plan opinion letter dated June 7, 2011 which has been relied upon by this Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 8 – Plan Termination:

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

Note 9 – Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 – Corrective Distributions and Contributions:

The Plan sponsor and each respective Co-employer in the Plan may select the form of corrective action for compliance testing failures on an annual basis.

There were excess contributions for the 2014 Plan year. The excess contributions and attributable earnings were refunded timely to the participants in 2015 for the December 31, 2014 Plan year, therefore the Plan will not be subject to an excise tax.

Note 10 – Corrective Distributions and Contributions (Continued):

There were excess contributions for the 2013 Plan year. The excess contributions and attributable earnings were refunded timely to the participants in 2014 for the December 31, 2013 Plan year, therefore the Plan will not be subject to an excise tax.

There were Top-Heavy Contributions needed for the 2014 Plan year. The Co-employers properly deposited the amounts in the participants' accounts in 2015 for the December 31, 2014 Plan year.

There were Top-Heavy Contributions needed for the 2013 Plan year. The Co-employers properly deposited the amounts in the participants' accounts in 2014 for the December 31, 2013 Plan year.

There were Qualified Non-Elective Contributions needed for the 2014 Plan year. The Co-employers properly deposited the amounts in the participants' accounts in 2015 for the December 31, 2014 Plan year.

There were Qualified Non-Elective Contributions needed for the 2013 Plan year. The Co-employers properly deposited the amounts in the participants' accounts in 2014 for the December 31, 2013 Plan year.

Note 11 – Party-In-Interest Transactions:

Certain Plan investments are held by the custodian, Transamerica. Any transactions involving Transamerica, the Plan sponsor, the accountant involved with the Plan and the third party administrator are, therefore, considered party-in-interest transactions. In 2014 and 2013, there was \$336,039 and \$327,887, respectively, paid by the Plan for third party administrative fees. In addition, there were indirect fees paid by the plan for investment management and advisory services for the years ended December 31, 2014 and 2013, respectively.

Note 12 – Prohibited Transactions:

During 2012 and 2011, the Plan sponsor inadvertently failed to deposit, within the required timeframe as stated by the United States Department of Labor ("DOL") regulations, \$4,122,585 and \$3,857,896, respectively, of participant contributions, employer contributions and participant loan repayments. To correct this oversight, the Plan sponsor deposited lost earnings, pursuant to DOL protocols, in the amount of \$1,199 and \$1,495, respectively. The Plan sponsor has filed Form 5330 and paid applicable excise tax. The excise tax payments were made from the Plan sponsor's general assets and not from assets of the Plan.

In addition for the period January 1, 2013 through August 9, 2013, the Plan sponsor inadvertently failed to deposit, within the required timeframe as stated by the DOL's regulations, \$3,059,711, respectively, of participant contributions, employer contributions, and participant loan repayments. To correct this oversight, the Plan sponsor deposited lost earnings, pursuant to DOL protocols, in the amount of \$875 in October 2013. The Plan sponsor has filed Form 5330 and paid applicable excise tax. The excise tax payment was made from the Plan sponsor's general assets and not from assets of the Plan.

Nonetheless, in all of the above situations, the Plan sponsor has remitted all participant contributions, employer contributions, participant loan repayments and excise tax payments as of the date of the Independent Auditor's Report.

Supplementary Information

CompSolutions PEO 401(k) Plan
Supplementary Information – Schedule H, Line 4i
Schedule of Assets Held at End of Year
Year Ended December 31, 2014

ID #22-3686777
Plan #002

(a) *	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost of Acquisition	(e) Current Value
	Transamerica Life Insurance Company			
		Pooled Separate Account -AEGON Bond Ret Opt	**	\$ 784,766
		Pooled Separate Account -WMC Quality Growth Ret Opt	**	911,283
		Pooled Separate Account -AEGON Balanced Ret Opt	**	621,120
		Pooled Separate Account -Templeton Foreign Ret Opt	**	399,011
		Pooled Separate Account -Artisan Small Cap Ret Opt	**	342,859
		Pooled Separate Account -Loomis Sayles Bond Ret Opt	**	1,396,420
		Pooled Separate Account -JPMorgan Government Securities Ret Opt	**	523,601
		Pooled Separate Account -Morgan Stanley Growth Ret Opt	**	1,012,282
		Pooled Separate Account -Morgan Stanley Growth Opport Ret Opt	**	796,199
		Pooled Separate Account -WMC Core Equity Ret Opt	**	540,240
		Pooled Separate Account -MFS Growth with Income Inv Opt	**	1,441,724
		Pooled Separate Account -Fidelity Advisor Equity Income Inv Opt	**	1,218,446
		Pooled Separate Account -Mutual Quest Inv Opt	**	332,639
		Pooled Separate Account -Invesco Small Cap Growth Inv Opt	**	800,343
		Pooled Separate Account -Invesco Dynamics Inv Opt	**	155,137
		Pooled Separate Account -Neuberger Berman Focus Inv Opt	**	301,812
		Pooled Separate Account -Columbia Mid Cap Value Inv Opt	**	473,895
		Pooled Separate Account -Janus Balanced Inv Opt	**	679,693
		Pooled Separate Account -Columbia Intermediate Bond Inv Opt	**	721,569
		Pooled Separate Account -Transamerica Partners Mid Growth Ret Opt	**	341,204
		Pooled Separate Account -Transamerica Partners Large Core Ret Opt	**	295,575
		Pooled Separate Account -Transamerica Partners Mid Value Ret Opt	**	961,377
		Pooled Separate Account -Transamerica Partners Large Val Ret Opt	**	895,176
		Pooled Separate Account -Transam Asset Alloc Short Horizn Ret Opt	**	112,967
		Pooled Separate Account -Transam Asset Alloc Shrt/Int Hor Ret Opt	**	214,367
		Pooled Separate Account -Transam Asset Alloc Interm Horiz Ret Opt	**	334,939
		Pooled Separate Account -Transam Asset Alloc Int/Long Hor Ret Opt	**	1,346,003
		Pooled Separate Account -Transam Asset Alloc Long Horizon Ret Opt	**	105,623
		Pooled Separate Account -Transamerica Part High Yld Bond Ret Opt	**	1,418,691
		Pooled Separate Account -Transamerica Partners Core Bond Ret Opt	**	631,985
		Pooled Separate Account -Invesco Charter Ret Opt	**	320,621
		Pooled Separate Account -T Rowe Price Mid-Cap Growth Ret Opt	**	528,135
		Pooled Separate Account -Calvert Equity Portfolio Inv Opt	**	369,335
		Pooled Separate Account -Franklin Biotechnology Discovery Inv Opt	**	1,272,376
	Subtotal - Forward			\$ 22,601,413

CompSolutions PEO 401(k) Plan
Supplementary Information – Schedule H, Line 4i
Schedule of Assets Held at End of Year
Year Ended December 31, 2014 *(Continued)*

ID #22-3686777
Plan #002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost of Acquisition	(e) Current Value
	Subtotal - Forwarded			\$ 22,601,413
*	Transamerica Life Insurance Company			
		Pooled Separate Account -Invesco Leisure Inv Opt	**	110,588
		Pooled Separate Account -Franklin Balance Sheet Invest Inv Opt	**	217,540
		Pooled Separate Account -Fidelity Advisor Small Cap Inv Opt	**	1,317,065
		Pooled Separate Account -Dreyfus International Value Inv Opt	**	534,429
		Pooled Separate Account -Invesco Basic Value Opportunities Inv Opt	**	249,022
		Pooled Separate Account -Transamerica Partners Stk Index Ret Opt	**	2,187,186
		Pooled Separate Account -Perkins Small Cap Value Ret Opt	**	858,467
		Pooled Separate Account -Invesco American Franchise Ret Opt	**	262,706
		Pooled Separate Account -American Century Global Growth Ret Opt	**	497,496
		Pooled Separate Account -Invesco International Growth Ret Opt	**	900,210
		Pooled Separate Account -Franklin Small-Mid Cap Growth Ret Opt	**	586,244
		Pooled Separate Account -Janus Ret Opt	**	258,081
		Pooled Separate Account -Janus Capital Appreciation Ret Opt	**	614,801
		Pooled Separate Account -Oppenheimer Global Ret Opt	**	1,029,484
		Pooled Separate Account -Oppenheimer Main St Small&MidCap Ret Opt	**	999,057
		Pooled Separate Account -Ivy Science & Technology Inv Opt	**	731,518
		Pooled Separate Account -Nuveen Real Estate Securities Ret Opt	**	1,886,392
		Pooled Separate Account -Vanguard Trget Retirement Income Ret Opt	**	573,778
		Pooled Separate Account -Vanguard Target Retirement 2010 Ret Opt	**	264,151
		Pooled Separate Account -Vanguard Target Retirement 2015 Ret Opt	**	675,294
		Pooled Separate Account -Vanguard Target Retirement 2020 Ret Opt	**	1,413,823
		Pooled Separate Account -Vanguard Target Retirement 2025 Ret Opt	**	753,550
		Pooled Separate Account -Vanguard Target Retirement 2030 Ret Opt	**	499,571
		Pooled Separate Account -Vanguard Target Retirement 2035 Ret Opt	**	615,567
		Pooled Separate Account -Vanguard Target Retirement 2040 Ret Opt	**	984,949
		Pooled Separate Account -Vanguard Target Retirement 2045 Ret Opt	**	371,766
		Pooled Separate Account -Vanguard Target Retirement 2050 Ret Opt	**	245,959
		Pooled Separate Account -Vanguard Target Retirement 2055 Ret Opt		180,915
				42,421,022
		Transamerica Stable Value Fund	**	8,302,022
				50,723,044
	Notes receivable from participants	4.25% to 6%, Matures through February 2042, collateral - participants' accounts	**	813,611
	Total		**	\$ 51,536,655

* Party-in-Interest.

**Cost information not required to be reported pursuant to Labor Regulations 29 CFR 2520.103-11.

See Independent Auditor's Report.

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: CompSolutions PEO 401(k) Plan
Contract Number: 931025
Employer Identification Number: 22-3686777
Plan Identification Number: 002
Plan Year End: December 31, 2014

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Best Option Mortgage Corp.	22-3704959	0.00%
Hospital & Healthcare Compensation Services, Inc.	22-2326786	0.29%
Byte Consulting, Inc.	52-2286553	0.19%
Strategic Domain, Inc.	52-2109370	0.00%
Compensation Resources, Inc.	52-1668890	1.78%
Nuco Title Insurance Agency, Inc.	22-2430527	0.12%
Scura, Wigfield, Heyer & Stevens, LLP	22-3723735	2.11%
Classic Meadowlands Athletic Club	22-3340430	0.00%
Cox Stationers & Printers Co.	22-2428262	0.73%
Sheffet & Dvorin, P.C.	22-3624120	0.91%
The Goryeb Mather Group, LLC	54-2097072	0.00%
General Pneumatics Corp.	22-1643896	0.00%
Precision Forms, Inc.	22-1570419	4.53%
Beta Squared Lithography, Inc.	06-1560046	0.62%
L. Winik & Associates, Inc.	22-1890322	0.69%
TPR Technical Sales, Inc. dba Lawrence Lowy Associates	13-3779161	2.60%
Arco Steel Company	07-4065700	0.21%
Cameo Wealth & Creative Management, Inc.	20-8031637	2.82%
Global Search Recruitment Systems, Inc.	22-3316364	0.00%
T & M Trading, Inc.	22-3767911	2.13%
GNJ Associates dba Proforma Spectrum Graphics Unlimited	22-3603787	1.02%
Advanced Billing Services, LLC	20-0461582	0.00%
Advanced Billing Services, Inc.	13-4028419	2.98%
North Eastern Asset Recovery, Inc.	13-3883168	0.00%
Corsair Partners, LLC	13-3932102	0.00%
Linque Management Company, Inc.	11-3054685	2.11%
Greenberg, Walden & Grossman, LLC	22-1893416	0.59%
Crosswalk Holdings, Inc.	30-0031970	0.00%
Canda Realty Company Limited Liability Company dba Ray Mees Auto Coach	45-5139714	0.01%
PLS Productions	14-4407050	0.60%
R.V. Davies, Inc.	22-2539533	0.00%
Triad Benefit Administrators, LLC	06-1589277	0.00%
Dartcor Enterprises, Inc. dba Dartcor Food Services	22-2593948	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Coloron Plastics Corporation	22-2270194	0.93%
Lexington Black & White, Inc.	13-3852414	0.00%
Richard Huss Furniture, Inc.	13-3571495	0.00%
AGR Financial, LLC	22-3376976	1.64%
MPD Transport, Inc.	22-2538997	0.04%
Cooper Richards & Associates, Inc. dba Snelling Personnel Service	22-3254936	0.00%
Summit Dog & Cat Hospital	22-2582039	0.00%
Select Title Agency, Inc.	22-3146756	0.44%
Nino Marino, Physician, LLC	13-2935289	0.40%
All-Pro Title Group, LLC	06-1715740	2.40%
Martab Physician and Hospital Supply Corp. dba Martab Medical	22-1808293	0.26%
Nachman & Associates, P.C.	22-3241534	1.47%
James P. Nolan and Associates, LLC	20-1894028	0.05%
Gonzer Administrative, LLC	22-1671351	0.47%
Radiology & Medical Management of Millburn, LLC dba Advanced Diagnostic Imaging	20-5550454	0.00%
European Cigarette Imports, Inc.	22-3657064	0.00%
Taffin, LLC	13-4103858	0.00%
Evolution Financial Technologies, LLC	30-0428872	0.00%
Clear Blue Business Technology Solutions, LLC	20-1417098	0.00%
Heritage Pharmaceuticals, Inc.	20-4138629	1.61%
Stitch & Couture, Inc. dba Lela Rose	13-3862975	0.46%
Village Cardiology, PLLC	22-3952619	0.69%
Kleeblatt, Galler & Abramson, LLC	22-2696704	0.00%
One Key, LLC	22-3766395	0.55%
Associated Personnel Services, Inc.	22-3730377	1.13%
PSI Business Computers, Inc. T/A PSI Technologies Corporation	22-2821404	0.75%
Product Source International Datacomm, LLC	20-1488600	3.16%
Blue Slate, LLC	20-0424148	1.57%
Frontline Industries, Inc.	22-3408504	0.00%
ONC Newark Club LLC, d/b/a The Newark Club, Inc.	20-5612517	0.26%
Medical Laboratory Diagnostics, Inc.	22-2768584	1.45%
Credit Bureau of Napa County, Inc. DBA Chase Receivables	27-1583335	1.39%
Wholepoint Communications, LLC	26-4349573	0.00%
Crystal Plaza, Inc.	22-2034755	0.00%
Rutan Poly Industries, Inc.	22-2092078	2.44%
Westchester Management Services Organization, LLC	13-4036721	0.69%
Above & Beyond, Inc.	22-3307073	0.00%
FSB Associates LLC	22-3720302	0.67%
Firstco, Inc. dba Personal Care Ambulance	22-3166227	0.00%
Century Cherry Lawn Pharmacy, Inc.	13-4060815	1.07%
Brooks & Falotico Assoc., Inc.	06-1231315	0.00%
Cosmetic Executive Women	13-2735995	0.08%
Murphy, Miller & Baglieri, LLP	20-1689274	3.16%
Accurate Monitoring, LLC	20-5795855	3.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Versatile Distributors, Inc.	22-1619389	0.78%
New Brunswick Cardiac Care Lab LLC	20-2419783	0.42%
Arcturus Group, LLC	26-0351320	0.21%
Warm Thoughts Communications, Inc.	13-3715190	2.50%
Street Glow, Inc.	22-3143331	0.00%
Storage Assets, LLC	22-3431385	1.44%
Barry Wind & Associates, Inc.	20-8031671	0.18%
ADV Pediatric Surgeons PC	45-2500613	2.31%
Hertog Foundation, Inc.	26-2002295	1.25%
Holiday Inn - Crestview	22-1727665	0.01%
The Tikvah Fund	13-3676152	3.04%
Peter J. Bruno, M.D., P.C.	73-1709083	0.24%
WTS LLC	30-0608746	1.61%
Fischer Barr & Wissinger LLC	27-3115411	2.27%
Westchester Fairfield Behavioral Medicine Assoc. PC	13-3008292	0.16%
Aztec Software Associates Inc.	22-2483322	0.09%
Bulbrite Industries Inc.	13-2701380	3.28%
The Westmont Montessori School	22-1756061	0.67%
Adveq Management US, Inc.	98-0548271	6.34%
Insight News and Features Inc.	81-0567662	0.04%
Closeouts, Surplus & Salvage, Inc.	22-3413052	1.32%
Contract Leasing Corporation	22-3101115	4.96%
Royal Coachman Worldwide, LTD	22-1891547	3.46%
Xpedited Services, LLC	13-1881550	0.20%
Juventio, LLC	80-0883342	1.91%
Citron Pharma, LLC	46-1733482	1.17%
Pinnacle Insurance Solutions, LLC	22-3693818	0.81%
Carnie P. Bragg Funeral Homes, Inc.	22-1971690	0.03%
HealthTech, Inc.	27-1526464	0.00%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: Compensation Solutions, Inc.
Contract #: 931025
EIN: 22-3686777

Plan #: 000
Period: 01/01/2014 - 12/31/2014

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	PARTICIPANT LOANS		\$813,611
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND		\$8,302,022
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BOND RET OPT	\$784,766	\$784,766
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC QUALITY GROWTH EQUITY RET OPT	\$911,286	\$911,286
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BALANCED RET OPT	\$621,122	\$621,122
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO AMERICAN FRANCHISE RET OPT	\$262,707	\$262,707
*	TRANSAMERICA LIFE INSURANCE COMPANY	TEMPLETON FOREIGN RET OPT	\$399,012	\$399,012
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS RET OPT	\$258,082	\$258,082
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY GLOBAL GROWTH RET OPT	\$497,497	\$497,497
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES BOND RET OPT	\$1,396,422	\$1,396,422
*	TRANSAMERICA LIFE INSURANCE COMPANY	ARTISAN SMALL CAP RET OPT	\$342,860	\$342,860
*	TRANSAMERICA LIFE INSURANCE COMPANY	JPMORGAN GOVERNMENT SECURITIES RET OPT	\$523,602	\$523,602
*	TRANSAMERICA LIFE INSURANCE COMPANY	MORGAN STANLEY GROWTH RET OPT	\$1,012,283	\$1,012,283
*	TRANSAMERICA LIFE INSURANCE COMPANY	MORGAN STANLEY GROWTH OPPORTUNITIES RET OPT	\$796,199	\$796,199
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC CORE EQUITY RET OPT	\$540,241	\$540,241
*	TRANSAMERICA LIFE INSURANCE COMPANY	MFS GROWTH WITH INCOME INV OPT	\$1,441,727	\$1,441,727
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR EQUITY INCOME INV OPT	\$1,218,448	\$1,218,448
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN MUTUAL QUEST INV OPT	\$332,642	\$332,642
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO INTERNATIONAL GROWTH RET OPT	\$900,210	\$900,210
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN SMALL-MID CAP GROWTH RET OPT	\$586,246	\$586,246
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS CAPITAL APPRECIATION RET OPT	\$614,802	\$614,802
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER GLOBAL RET OPT	\$1,029,484	\$1,029,484
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO SMALL CAP GROWTH INV OPT	\$800,344	\$800,344
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS BALANCED INV OPT	\$679,695	\$679,695
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO MID CAP GROWTH INV OPT	\$155,137	\$155,137
*	TRANSAMERICA LIFE INSURANCE COMPANY	NEUBERGER BERMAN FOCUS INV OPT	\$301,812	\$301,812
*	TRANSAMERICA LIFE INSURANCE COMPANY	COLUMBIA MID CAP VALUE INV OPT	\$473,901	\$473,901
*	TRANSAMERICA LIFE INSURANCE COMPANY	COLUMBIA INTERMEDIATE BOND INV OPT	\$721,570	\$721,570
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID GROWTH RET OPT	\$341,204	\$341,204
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS LARGE CORE RET OPT	\$295,580	\$295,580
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID VALUE RET OPT	\$961,412	\$961,412
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS LARGE VALUE RET OPT	\$895,185	\$895,185
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION SHORT HORIZON RET OPT	\$112,968	\$112,968
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION SHORT/INTERMEDIATE HORIZON RET OPT	\$214,367	\$214,367
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION INTERMEDIATE HORIZON RET OPT	\$334,939	\$334,939
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION INTERMEDIATE/LONG HORIZON RET OPT	\$1,346,004	\$1,346,004
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION LONG HORIZON RET OPT	\$105,623	\$105,623
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS HIGH YIELD BOND RET OPT	\$1,418,692	\$1,418,692
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS CORE BOND RET OPT	\$631,986	\$631,986
*	TRANSAMERICA LIFE INSURANCE COMPANY	T. ROWE PRICE MID-CAP GROWTH RET OPT	\$528,138	\$528,138
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO CHARTER RET OPT	\$320,622	\$320,622
*	TRANSAMERICA LIFE INSURANCE COMPANY	CALVERT EQUITY PORTFOLIO INV OPT	\$369,336	\$369,336
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN BIOTECHNOLOGY DISCOVERY INV OPT	\$1,272,377	\$1,272,377