

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/2006</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HSD DEFERRED 401 K</u> <u>110 NORTH MAIN STREET</u> <u>SUITE 400</u> <u>DAYTON, OH 45402</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-1744704</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-499-8211</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1744704</u>	2c Plan Sponsor's telephone number <u>937-499-8211</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>06-1744704</u>					
2c Plan Sponsor's telephone number <u>937-499-8211</u>					
2d Business code (see instructions) <u>621111</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	JEANNA SEVERT
	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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	658
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	654
a(2) Total number of active participants at the end of the plan year		6a(2)	709
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	7
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	716
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	716
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	20
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 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>401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HSD DEFERRED 401 K</u>	D Employer Identification Number (EIN) <u>06-1744704</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
ALLIANCEBERNSTEIN L.P.

13-4064930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

44-0640487

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

COHEN & STEERS CAPITAL MANAGEMENT

280 PARK AVENUE - 10TH FLOOR
NEW YORK, NY 10017

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

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

NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET
BOSTON, MA 02116

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

STATE STREET CORPORATION

04-1867445

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

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

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

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

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

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

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

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

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

ADP, LLC

13-3036745

(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?
37 50 15 64	RECORD KEEPER	165	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(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?
63 60 59 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS CAPITAL MANAGEMENT 280 PARK AVENUE - 10TH FLOOR NEW YORK, NY 10017	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE 24TH FLOOR BOSTON, MA 02108	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON, MA 02116	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00300 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00320 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HSD DEFERRED 401 K</u>	D Employer Identification Number (EIN) <u>06-1744704</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN <u>84-1142974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>56827</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-343</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25027</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BD IDX SL VII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-361</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HSD DEFERRED 401 K</u>	D Employer Identification Number (EIN) <u>06-1744704</u>	

Part I	Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.					
	Assets		(a) Beginning of Year		(b) End of Year
a	Total noninterest-bearing cash	1a			
b	Receivables (less allowance for doubtful accounts):				
	(1) Employer contributions.....	1b(1)			
	(2) Participant contributions.....	1b(2)			
	(3) Other.....	1b(3)			
c	General investments:				
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)			
	(2) U.S. Government securities	1c(2)			
	(3) Corporate debt instruments (other than employer securities):				
	(A) Preferred	1c(3)(A)			
	(B) All other.....	1c(3)(B)			
	(4) Corporate stocks (other than employer securities):				
	(A) Preferred	1c(4)(A)			
	(B) Common.....	1c(4)(B)			
	(5) Partnership/joint venture interests	1c(5)			
	(6) Real estate (other than employer real property).....	1c(6)			
	(7) Loans (other than to participants)	1c(7)			
	(8) Participant loans.....	1c(8)	4150		2669
	(9) Value of interest in common/collective trusts	1c(9)	94824		81854
	(10) Value of interest in pooled separate accounts	1c(10)			
	(11) Value of interest in master trust investment accounts	1c(11)			
	(12) Value of interest in 103-12 investment entities.....	1c(12)			
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	150609		136471
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
	(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	249583	220994

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	249583	220994
---	-----------	--------	--------

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)		
(B) Participants	2a(1)(B)	39353	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39353
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)	163	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		163
(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)	4452	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4452
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4024
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2799
c Other income.....	2c		430
d Total income. Add all income amounts in column (b) and enter total.....	2d		51221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	53600	
(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)		53600
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		28
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	575	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		575
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		54203

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-2982
l Transfers of assets:			
(1) To this plan.....	2l(1)		-25607
(2) From this plan.....	2l(2)		0

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: PLANTE AND MORAN, PLLC

(2) EIN: 38-1357951

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		25000
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)

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 401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HSD DEFERRED 401 K	D Employer Identification Number (EIN) 06-1744704

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 57-1198022		
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

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): _____

**401(k) Retirement Plan of Health
Specialists of Dayton, Inc.**

**Financial Report
December 31, 2014**

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-10
Schedule of Assets Held at End of Year	11

Independent Auditor's Report

To the Plan Administrator
401(k) Retirement Plan of Health
Specialists of Dayton, Inc.

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company as of and for the year ended December 31, 2014 and DWS Trust Company as of December 31, 2013 (collectively, the "Custodian"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from Reliance Trust Company as of December 31, 2014 and for the year then ended and from DWS Trust Company as of December 31, 2013 that the information provided to the plan administrator by Automatic Data Processing, Inc., on behalf of Reliance Trust Company and DWS Trust Company, is complete and accurate.

To the Plan Administrator
401(k) Retirement Plan of Health
Specialists of Dayton, Inc.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 ERISA.

Plante & Moran, PLLC

Columbus, Ohio
September 14, 2015

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Participant-directed investments:		
Mutual funds	\$ 136,471	\$ 150,609
Common collective trust funds	81,854	94,824
Total participant-directed investments	218,325	245,433
Participant notes receivable	2,669	4,150
Net Assets Reflecting All Investments at Fair Value	220,994	249,583
Adjustment from Fair Value to Contract Value for Interest in Common Collective Trust Fund Relating to Fully Benefit- responsive Investment Contracts	(988)	(623)
Net Assets Available for Benefits	\$ 220,006	\$ 248,960

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2014

Additions to Net Assets

Employee contributions	\$ 39,353
Investment income:	
Interest and dividends	5,267
Net realized and unrealized gains on investments:	
Mutual funds	2,446
Common collective trust funds	3,004
Net realized and unrealized gains	5,450
Total investment income	10,717
Interest from participant notes receivable	163
Total additions	50,233

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	52,977
Administrative expenses	603
Total deductions	53,580

Net Decrease before Other Changes (3,347)

Transfers Out (25,607)

Net Decrease (28,954)

Net Assets Available for Benefits

Beginning of year	248,960
End of year	<u><u>\$ 220,006</u></u>

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

The following description of 401(k) Retirement Plan of Health Specialists of Dayton, Inc. (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering certain full-time and part-time employees of Health Specialists of Dayton, Inc. (the "Company") who are age 18 or older. Employees are eligible for the Plan on their first day of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee contributions up to a maximum of 75 percent of their pretax annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of plan earnings and charged with an allocation of administrative expenses. Allocations are based on a participant's compensation 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. All amounts in the participants' accounts are participant directed.

Vesting - Participants' contributions and related earnings are immediately 100 percent vested.

Benefit Payments - Upon termination of employment, the participant or, in the case of death, the surviving spouse, can elect to receive the participant's account balance in a single lump sum or as an annuity payable for the participant's life or an annuity payable for the joint lives of the participant and surviving spouse.

Termination - While 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 set forth in the plan agreement and ERISA. Upon termination of the Plan, participants remain 100 percent vested in their account balances.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Reliance Trust Company and DWS Trust Company or their affiliates. Reliance Trust Company and DWS Trust Company are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description (Continued)

Participant Notes Receivable - Participants may borrow from their accounts subject to certain maximum and minimum amounts as prescribed in the Plan and the Internal Revenue Code. The notes receivable are secured by the balance in the participant's account and bear interest at 4.25 percent, which is commensurate with local prevailing rates as determined periodically by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value except as noted below. The Plan invests in one common collective trust fund investment which is valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the common collective trust fund is based on the fair value of the underlying net assets at the measurement date by the issuer of the fund. The common collective trust fund primarily holds guaranteed investment contracts, fixed-income securities, and derivatives. The fair value of the guaranteed investment contracts is based on current yields of similar instruments with comparable durations taking into account the contract terms including interest reset intervals and the credit rating of the issuer. The fair value of the fixed-income securities is valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. The fair value of a wrapper contract provided by the contract issuer is based on the replacement cost methodology, which is the present value of the difference between the replacement wrapper fee and the contracted wrapper fee. The remaining common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets.

All other investments are valued based on quoted market prices. See Note 5 for additional information.

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

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 14, 2015, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2014, the Plan changed its custodian from DWS Trust Company to Reliance Trust Company (collectively, the "Custodian"). The Custodian of the Plan held the Plan's investments and executed all investment transactions during the periods under audit. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Custodian.

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 3 - Unaudited Information (Continued)

Significant investments of end of year net assets are as follows:

	2014	2013
Mutual funds:		
Fidelity Advisor Leveraged Company Stock	\$ 29,435	\$ 29,938
Amercent Livestrong 2045	-	21,205
Amercent Livestrong 2035	734	16,350
Amercent Livestrong 2025	49,079	42,033
Oppenheimer SEN FL Rate	15,708	-
Common collective trust fund at fair value - SSGA S&P 500 Index	25,027	31,706
Common collective trust fund at contract value - Invesco Stable Value Trust	55,839	50,261

Note 4 - Tax Status

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) indicating that the Plan, as designed, is qualified for federal income tax-exempt status. The Plan has not individually sought its own determination letter.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2011.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1	Level 2	Level 3	Balance at December 31, 2014
Mutual funds:				
Equity investments	\$ 85,125	\$ -	\$ -	\$ 85,125
Retirement year-based investments	51,346	-	-	51,346
Common collective trust funds:				
Equity investments (1)	-	25,027	-	25,027
Stable value investment (3)	-	56,827	-	56,827
Total	<u>\$ 136,471</u>	<u>\$ 81,854</u>	<u>\$ -</u>	<u>\$ 218,325</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Level 3	Balance at December 31, 2013
Mutual funds:				
Equity investments	\$ 69,574	\$ -	\$ -	\$ 69,574
Retirement year-based investments	81,035	-	-	81,035
Common collective trust funds:				
Equity investments (1)	-	31,706	-	31,706
Fixed-income investments (2)	-	12,234	-	12,234
Stable value investment (3)	-	50,884	-	50,884
Total	<u>\$ 150,609</u>	<u>\$ 94,824</u>	<u>\$ -</u>	<u>\$ 245,433</u>

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Fair Value Measurements (Continued)

- (1) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents an investment in an actively managed common collective trust fund that invests primarily in guaranteed investment contracts, fixed-income securities, and derivatives which may include corporate bonds, both U.S. and non-U.S. municipal securities, and wrapper contracts.

There were no unfunded commitments or redemption restrictions related to the Plan's investments in common collective trust funds as of December 31, 2014 or 2013.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

Note 6 - Reconciliation to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	\$ 220,006	\$ 248,960
Adjustment to fair value for Invesco Stable Value Trust	988	623
Net assets available for benefits per Form 5500	<u>\$ 220,994</u>	<u>\$ 249,583</u>

The following is a reconciliation of net income per the financial statements for the year ended December 31, 2014 to Form 5500:

	2014
Total net decrease in net assets per financial statements	\$ (3,347)
Cumulative adjustment to fair value for Invesco Stable Value Trust	365
Total net loss in net assets per Form 5500	<u>\$ (2,982)</u>

401(k) Retirement Plan of Health Specialists of Dayton, Inc.

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 06-1744704, Plan No. 001 December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reliance Trust Company	Mutual funds:		
	PIMCO Real Return Fund	*	\$ 2,788
	Fidelity Advisor Leveraged Company Stock	*	29,435
	Cohen & Steers Realty Shares	*	1,995
	Loomis Sayles Strategic Inc	*	8,228
	Amercent Livestrong 2035	*	734
	Amercent Livestrong Income	*	1,533
	Amercent Livestrong 2025	*	49,079
	Prudential Global Real Estate	*	2,607
	AM Fnd The Growth Fnd of AM	*	2,187
	Invvk Equity and Income	*	2,162
	Allianz NFJ Intl Value Fund	*	6,738
	Oppenheimer Develop Markets	*	466
	Invesco Diversified Div	*	4,047
	Invesco Select Companies	*	1,058
	Dreyfus Appreciation Fund	*	7,631
	Oppenheimer Int'l Growth	*	75
	Oppenheimer SEN FL Rate	*	15,708
Reliance Trust Company	Common collective trust funds:		
	Invesco Stable Value Trust	*	56,827
	SSGA S&P 500 Index	*	25,027
Participants	Participant notes receivable earning interest at a rate of 4.25 percent	-	2,669
	Total		<u>\$ 220,994</u>

* Cost information not required

Schedule C

Guide to ADP's preparation of your Form 5500 Schedule C

[Reporting how your retirement plan's Service Providers are paid](#) 2

[So what's this Guide about?](#) 2

[A reminder about our Schedule C information-collection methods](#).....2

[Figuring out which Service Providers to report](#) 2

[About Direct, Indirect, and Eligible Indirect Compensation](#) 3

[Estimates and allocations](#).....4

[About service/compensation codes and reportable relationships](#).....5

[Some practical limits on what ADP does for you](#).....5

[Failure to furnish information needed to complete Schedule C](#).....5

[Why you should read everything](#).....6

[Why you should keep records](#) 6

[Questions?](#) 6

[About this information](#) 6

[Appendix: Estimate and Allocation Methods](#).....6



IN THE BUSINESS OF YOUR SUCCESS®

Reporting how your retirement plan's Service Providers are paid

Filing an accurate and complete Form 5500 is your legal duty as your retirement plan's administrator. Schedule C of Form 5500 now requires much more information about Compensation received by your plan's Service Providers.

[Return to Top](#)

So what's this Guide about?

ADP Retirement Services ("ADP") wants you to understand what we did with the information we collected in order to present the Service Provider information on your Schedule C.

ADP has prepared Schedule C in accordance with the Schedule C Instructions. In particular, we want you to know about our work methods and assumptions in preparing Schedule C, as well as how we prepared estimates or allocations (if any). This booklet also contains further information about your responsibilities concerning your Schedule C.

In this Guide, we use specially capitalized words the same way they're explained in the booklet entitled "*Words defined for Schedule C reporting*" that we sent you earlier this year.

[Return to Top](#)

A reminder about our Schedule C information-collection methods

As explained in the booklet entitled "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" that we sent you earlier this year, ADP either has in its records, or received, information about Compensation paid by ADP or its affiliates, received by ADP or its affiliates, received by a Service Provider for services you arrange through the ADP service offering, or paid from your plan's trust directly to a payee other than you. We also explained that you would need to ask for Compensation information from any Service Provider that you (as plan sponsor) paid if your plan's trust reimbursed you for that payment; that you hired on your own rather than through the ADP service offering for any service to your plan (such as a registered investment advisor or auditor); that was an employee of your company; or that you, as a plan fiduciary, believed you should ask. Finally, the booklet discussed certain situations for which you might need to seek out additional Compensation information or collect information from your records.

To prepare your plan's Schedule C, we combined information in our records with information provided by Service Providers and Investment Fund groups whose Investment Funds are made available through the ADP service offering (this information is discussed in detail below) and information you provided in response to our previous request for Schedule C information.

It is important to understand that information provided by a Service Provider or reflected on Schedule C for reporting purposes may not be the same as compensation information provided to you by a service provider for disclosure purposes. The Department of Labor's regulations under Section 408(b)(2) of ERISA require certain service providers to provide disclosure to plan fiduciaries about compensation they reasonably expect to receive. The information disclosed to you by service providers under the ERISA Section 408(b)(2) regulations and the reportable Compensation provided or reflected on Schedule C for reporting purposes may differ for a number of reasons. Among these are:

- reporting on Schedule C looks backward at what a service provider actually received over a specific reporting year, while disclosure under the ERISA Section 408(b)(2) regulations is prospective, reflecting what a service provider reasonably expects to receive going forward; and
- the group of Service Providers whose compensation is covered by the Schedule C reporting requirements is broader than the group of covered service providers whose expected compensation must be disclosed under the ERISA Section 408(b)(2) regulations; and
- the thresholds for Schedule C reporting and the thresholds for disclosure under the ERISA Section 408(b)(2) regulations are different.

Effective July 1, 2014, ADP, Inc. changed its name to ADP, LLC, when it converted under Delaware law from a corporation to a limited liability company. This is a change in name and form only; legally, ADP, LLC is the same entity as ADP, Inc. Where reportable Compensation was received or paid by ADP, Inc. or ADP, LLC during the 2014 reporting year, we have listed ADP, LLC as the recipient or payor on your Schedule C.

[Return to Top](#)

Figuring out which Service Providers to report

Schedule C doesn't require you to report on every Service Provider. Service Providers that receive Compensation less than a specified amount may be omitted.

In applying thresholds to what does or doesn't need to be reported on your Schedule C, ADP used the following aggregation approach.

\$5,000 THRESHOLD FOR INCLUSION ON SCHEDULE C

ADP looked at a Service Provider's total Compensation from a plan – counting Direct Compensation, Eligible Indirect Compensation, and Non-eligible Indirect Compensation. (Remember, for Schedule C reporting purposes, Compensation doesn't include any amount your company paid to a Service Provider using your company's money if your company wasn't reimbursed from your plan's assets for the payment.) We generally did not include on your Schedule C report any Service Provider that received less than \$5000 in total Compensation. However, if any Compensation was reported to us as a formula, we assumed, in accordance with the Schedule C instructions, that the \$5,000 threshold was met.

In addition, if the Compensation information provided to ADP indicated that a Service Provider (which may have provided services through one or more affiliates) received compensation under more than one Employer Identification Number ("EIN"), ADP aggregated the compensation received under all of these EINs to see whether it exceeded \$5,000. If it did, we treated the Service Provider as having received compensation over the \$5000 threshold that should be reported, and reported the compensation by separate EINs (treating each EIN as a Service Provider), even if the compensation reported for an EIN was less than \$5,000. In performing this review, we generally didn't aggregate amounts paid from Investment Funds to an Investment Fund's manager or distributor affiliated with a Service Provider, unless the Service Provider specifically reported such amounts to ADP as part of its Compensation for plan services. We also did not aggregate EINs in determining whether a Service Provider *only* received Eligible Indirect Compensation.

\$1,000 THRESHOLD FOR DETAILED REPORTING OF A KEY SERVICE PROVIDER'S INDIRECT COMPENSATION

ADP looked only at Non-eligible Indirect Compensation.

We show each Key Service Provider (by EIN) that received Indirect Compensation of more than \$1,000 from one source. If any Compensation received by a Key Service Provider from a single source was reported to us as a formula, we assumed the \$1,000 threshold was met, in accordance with the Schedule C instructions. ADP didn't aggregate Service Providers operating under more than one EIN to count whether Indirect Compensation was more than this \$1,000 threshold.

[Return to Top](#)

About Direct, Indirect, and Eligible Indirect Compensation

The following subparts describe some work methods we use in putting information about different kinds of Compensation on your Schedule C.

DIRECT COMPENSATION PAID FROM YOUR PLAN'S TRUST

We put on your Schedule C all payments of Direct Compensation (payments from your plan's trust to a Service Provider) in ADP's records, provided the Service Provider that received the Direct Compensation exceeded the thresholds for inclusion on Schedule C. Where ADP has collected Compensation from your Plan for a Service Provider and paid that Compensation over to the Service Provider, we have reported the payments as Direct Compensation from your plan to the Service Provider. Direct Compensation is reported based on your plan year.

If, during the plan year being reported, you (as plan sponsor) made a payment to a Service Provider out of your own assets and your plan's trust reimbursed you for this payment, you must report this reimbursed payment on Schedule C as a payment of Direct Compensation from your plan to the Service Provider. As we explained in the "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" sent to you earlier this year, while ADP's records show the amount of such a payment in this situation, our records don't show which Service Provider you paid, and they don't contain all information needed to report these payments as payments to the Service Provider. If you provided this information to ADP as we requested, we have used it in reflecting Direct

Compensation on your plan's Schedule C. If not, you should provide this information to ADP so that your Schedule C will accurately reflect these Direct Compensation payments as received by your Service Provider instead of by you.

ABOUT INDIRECT COMPENSATION

Indirect Compensation generally

ADP used the calendar year ending with or within the plan year to compile Indirect Compensation information from our records. We asked the Service Providers that provided Indirect Compensation information directly to ADP (including Investment Funds made available through the ADP service offering) to provide Indirect Compensation data based on the calendar year. The forms we provided to you to help you collect information from other Service Providers also requested information based on the calendar year.

Indirect Compensation that ADP pays

In some circumstances, ADP makes payments to other Service Providers in connection with services provided to your plan. If we make such a payment, we do so from ADP's assets, which might include ADP's revenue from you or your plan. If the applicable requirements for Schedule C reporting were met, we put the payments on Schedule C as Indirect Compensation that ADP paid to that Service Provider. (But see above regarding payments collected by ADP from your plan's trust if ADP merely paid those amounts over to the Service Provider.) As explained in the "Guide to Collecting and Providing Schedule C Service Provider Information to ADP," in certain situations ADP may determine it is appropriate for a Service Provider, rather than ADP, to determine whether it believes the value of certain nonmonetary items (such as the value of a seminar for service providers hosted by ADP) is reportable Compensation allocable to your Plan. If so, it is the Service Provider's responsibility to provide this information to you.

If an employee of your company attended an educational conference hosted by ADP during the reporting year, we take the value of meals, lodging, and transportation provided in connection with that conference into account in preparing your Schedule C. We include the amount on Schedule C if applicable reporting thresholds for reportable Compensation received by the recipient were met, unless you inform us that you have met the requirements for the educational conference reporting exception.

ABOUT ELIGIBLE INDIRECT COMPENSATION

Some kinds of Indirect Compensation are eligible for limited reporting on Schedule C; the Department of Labor calls this Eligible Indirect Compensation. For Indirect Compensation to be Eligible Indirect Compensation or "EIC", it must be the right kind of Indirect Compensation, and you must have received the right disclosures. (For more background, read ADP's "Words defined for Schedule C reporting" and "Eligible Indirect Compensation Disclosures for Form 5500 Schedule C filers".) ADP has used the simplified reporting approach available for EIC in preparing Schedule C for your plan wherever possible.

To see ADP's EIC disclosures (if any) and the disclosures that Service Providers and Investment Fund groups made available through the ADP service offering furnished to us to forward to you, see the booklet entitled "Eligible Indirect Compensation Disclosures for Form 5500 Schedule C Filers". Also read that booklet to understand the assumptions ADP has used about whether to treat a Compensation item as EIC when preparing your Schedule C. If you directed ADP to treat certain Indirect Compensation as EIC based on disclosures provided directly to you by a Service Provider you contacted, ADP has followed your direction.

Other than its own Indirect Compensation, ADP has **not** reviewed any Service Provider's or Investment Fund group's characterization of any Indirect Compensation as EIC. ADP likewise has not reviewed any of these disclosures other than its own to check for accuracy or completeness in terms of what an EIC disclosure has to contain. For our preparation of a Schedule C, we relied on the Service Providers and Investment Fund groups to make these characterizations and to provide EIC disclosures that they believe are sufficient, accurate, and complete.

While we have assumed each Service Provider's or Investment Fund group's disclosures in the EIC disclosure booklet are sufficient to allow simplified reporting of EIC, you must make this decision yourself. If you decide a particular disclosure is not sufficient, you'll need to request more information from the Service Provider or Investment Fund group before you sign your Form 5500. Unless you instruct us differently, ADP assumes that you approve treating each Indirect Compensation item covered by these disclosures as EIC in preparing your Schedule C. If you decide that any Indirect Compensation item covered by a Service Provider's or Investment Fund group's EIC disclosure should not be treated as EIC, you must give ADP detailed instructions about exactly what you want to put on Schedule C.

If ADP is listed on a Schedule C as a person furnishing disclosures relating to Compensation as Eligible Indirect Compensation, ADP does **not** make any representation about the accuracy or completeness of information that was prepared by a person other than ADP. This includes information about Investment Funds and about Compensation that relates to Investment Funds.

ABOUT COMPENSATION AMONG AFFILIATES AND SUBCONTRACTOR PAYMENTS

ADP, LLC may use affiliates and divisions, including ADP Broker-Dealer, Inc., to perform services for your plan. ADP, LLC and its affiliates may make “intra-company” payments to one another. ADP also may use the services of subcontractors in the course of performing certain services for your plan or, in limited circumstances, act as a subcontractor to another Service Provider to your plan. Under the Schedule C Instructions’ bundled-reporting exception, payments between affiliates or to a subcontractor need not be reported on Schedule C except in certain specific situations. ADP’s preparation of your Schedule C doesn’t report payments between or among ADP, LLC and its affiliates or subcontractor payments unless specifically required. Other Service Providers also may have applied the bundled-reporting exception in providing their Compensation information.

[Return to Top](#)

Estimates and allocations

Some Compensation amounts we put on your Schedule C might reflect an estimate or an allocation to your plan of a share of a larger amount of Compensation that isn’t attributable only to your plan. While the assumptions used in preparing an estimate and any allocation methods used need not be reported on Schedule C itself, they must be disclosed to you. Our allocation methods and any provided to ADP by Service Providers whose services are made available through the ADP service offering are described in an Appendix at the end of this booklet. The Appendix might include information provided by Service Providers your plan didn’t use. You need only review information provided by Service Providers your plan used in the reporting year.

[Return to Top](#)

About service/compensation codes and reportable relationships

Schedule C requires service and compensation codes for each Service Provider. (A list of these codes was provided to you when we sent you materials to use in collecting Schedule C information.) In preparing your Schedule C, ADP first used any codes provided by you or the Service Provider in question. If you and the Service Provider didn’t provide any codes, we have included service and compensation codes based on what ADP knows about what the Service Provider does for your plan and the Service Provider’s Compensation. Also, we assume that a Service Provider doesn’t have a reportable relationship to an employer, employee organization, or a party-in-interest regarding your plan, unless you or a Service Provider instruct us with specific information.

You must review the service and compensation codes, and whether there’s a relationship to be reported. If you wish to change any entries, you must give ADP detailed instructions about exactly what you want to put on Schedule C. As with everything in Schedule C and Form 5500, you’re responsible for your report.

[Return to Top](#)

Some practical limits on what ADP does for you

The Compensation information ADP put on your plan’s Schedule C is based on information in ADP’s records, information furnished to us by unaffiliated Service Providers and Investment Fund groups, or furnished by you, our client.

For information about ADP’s Compensation, we believe that the information we put on Schedule C is accurate and complete to the best of ADP’s knowledge. For every other Service Provider’s Compensation or Compensation paid from an Investment Fund, if we used information in our records, it is accurate to the best of our knowledge and we relied on the service provider to tell us if it was complete. If ADP used information furnished by others, we relied on those others as to the accuracy or completeness of the information they provided without performing our own review.

As explained above, ADP has relied on you to request information from certain Service Providers. ADP used each Service Provider information form you sent us in preparing your plan's Schedule C. If you didn't send us a form or forms in response to our information request earlier this year, we assume you concluded there is nothing to report.

[Return to Top](#)

Failure to furnish information needed to complete Schedule C

In the unlikely event a Service Provider fails or refuses to provide you information needed to complete Schedule C, Schedule C asks you to identify the Service Provider and explain what information the Service Provider failed or refused to furnish.

Please Note: The instructions to Schedule C include a reminder to Plan Administrators that "before identifying a Fiduciary or Service Provider as a person who failed or refused to provide information, you should contact the Fiduciary or Service Provider to request the necessary information and tell them that you will list them on the Schedule C as a Fiduciary or Service Provider who failed or refused to provide information if they do not provide the necessary information."

ADP's preparation of a Schedule C doesn't name any Service Provider as having failed to furnish necessary information. If you decide that a Service Provider failed to furnish necessary information (and that the failure wasn't excused with a good-faith disclaimer), you must instruct ADP about exactly what you want to put on this part of Schedule C.

[Return to Top](#)

Why you should read everything

While ADP prepares your Schedule C, you as your plan's administrator sign and file your Form 5500, and are responsible for its accuracy and completeness. Also, the Department of Labor expects you to review your plan's expenses periodically to find at least that all direct and indirect fee arrangements are appropriate, and that each Service Provider receives no more than reasonable compensation for the service that it provides. Reading carefully the information reported on Schedule C can help you meet these duties.

[Return to Top](#)

Why you should keep records

ERISA § 107 requires everyone that's required to file a Form 5500 to keep at least enough records to support everything reported in the Form 5500 (including a decision about what need not be reported). You must keep these records for at least six years after the filing date.

Example: If you file your plan's 2014 calendar-plan-year Form 5500 on October 15, 2015, you must keep records to support that 2014 report until at least October 15, 2021.

A failure to keep records as required is an ERISA violation.

[Return to Top](#)

Questions?

If you have a question or want more information, please contact your ADP Retirement Services Client Services Team.

[Return to Top](#)

About this information

ADP Retirement Services provides information (but not advice) to help people use retirement plans. This overview isn't a substitute for getting your own advice. Any information is only a summary, and can't consider your specific situation. All examples are solely for illustration. Any characters or "facts" portrayed are imaginary, and any resemblance to real-life persons or facts is coincidental and not intended.

This overview includes some explanations about relevant law as of the date we prepared it. Although we've tried to be careful, we don't warrant the accuracy or completeness of any information. You should consider that the law could change at any time. We don't give accounting, tax, or legal advice. If you need advice, you should consult your legal advisor.

ADP is not responsible for any information from a source other than ADP.

[Return to Top](#)

Appendix: Estimate and Allocation Methods

Some items of reportable Indirect Compensation ADP pays to other Service Providers or that ADP receives from third parties in connection with your Plan may be fixed amounts or per-transaction charges based on transactions or services involving multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan by dividing the total dollar amount of the item of reportable Indirect Compensation by the number of Plans as of December 31 benefitting from the transactions or services.

Some items of reportable Indirect Compensation ADP pays to other Service Providers or that ADP receives from third parties in connection with your Plan may be expressed in dollars and determined based on the assets of multiple plans. ADP estimates the dollar amount of any such item of Indirect Compensation that is reportable with respect to your Plan based on the value of your Plan's assets to which the compensation is attributable compared to the total assets to which the compensation is attributable as of December 31.

If ADP estimates on behalf of another Service Provider your Plan's allocable share of reportable Indirect Compensation received or paid in connection with multiple plans by that Service Provider, we use these same methods.

If a Service Provider has utilized an estimate or allocation in providing Compensation information and provided an explanation of its methodology to ADP, that explanation is set forth below:

ADP has not received any estimate or allocation methodology explanations as part of the Compensation information provided to ADP by Service Providers.

[Return to Top](#)

ADP Retirement Services
71 Hanover Road
Florham Park, NJ 07932



IN THE BUSINESS OF YOUR SUCCESS®

ADP, the ADP Logo and *In the Business of Your Success* are registered trademarks of ADP, LLC. All other trademarks and service marks are the property of their respective owners. 99-2183-0515. Printed in USA Copyright © 2010-2015 ADP, LLC ALL RIGHTS RESERVED

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.
Plan Sponsor's Name HSD DEFERRED 401 K

EIN: 06-1744704
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIMCO REAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		2,788
	INVESCO SELECT COMPANIES A	REGISTERED INVESTMENT COMPANY		1,058
	FIDELITY ADVISOR LEV CO STK -A	REGISTERED INVESTMENT COMPANY		29,435
	COHEN & STEERS REALTY SHARES	REGISTERED INVESTMENT COMPANY		1,995
	OPPENHEIMER DEVELOP MARKETS-A	REGISTERED INVESTMENT COMPANY		466
	DREYFUS APPRECIATION FUND	REGISTERED INVESTMENT COMPANY		7,631
	LOOMIS SAYLES STRATEGIC INC-A	REGISTERED INVESTMENT COMPANY		8,228

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.

EIN: 06-1744704

Plan Sponsor's Name HSD DEFERRED 401 K

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERCENT ONE CHOICE 2035 A	REGISTERED INVESTMENT COMPANY		734
	AMERCENT ONE CHOICE RETIRE A	REGISTERED INVESTMENT COMPANY		1,533
	AMERCENT ONE CHOICE 2025 A	REGISTERED INVESTMENT COMPANY		49,079
	PRU GLOBAL REAL ESTATE - A	REGISTERED INVESTMENT COMPANY		2,607
	AM FND THE GROWTH FND OF AM-R3	REGISTERED INVESTMENT COMPANY		2,187
	OPPENHEIMER INTL GROWTH - A	REGISTERED INVESTMENT COMPANY		75
	OPPENHEIMER SEN FL RATE A	REGISTERED INVESTMENT COMPANY		15,708

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(K) RETIREMENT PLAN OF HEALTH SPEC OF DAYTON, INC.
Plan Sponsor's Name HSD DEFERRED 401 K

EIN: 06-1744704
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	INVESCO EQUITY AND INCOME A	REGISTERED INVESTMENT COMPANY		2,162
	ALLIANZGI NFJ INTL VALUE A	REGISTERED INVESTMENT COMPANY		6,738
	INVESCO DIVERSIFIED DIV A	REGISTERED INVESTMENT COMPANY		4,047
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 4.25%)		2,669
	INVESCO STABLE VALUE TRUST	COMMON/COLLECTIVE TRUST		56,827
	SSGA S&P 500 IDX VIII	COMMON/COLLECTIVE TRUST		25,027