Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACCURATE BACKGROUND CHECKS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1998

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

7515 IRVINE CENTER DR
IRVINE, CA 92618

2b Employer Identification Number (EIN)
33-0796904

2c Plan Sponsor's telephone number
949-609-2220

2d Business code (see instructions)
561600

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	SHERRI DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	210
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)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	213
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	236
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	236
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	154
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

a Pension Schedules

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

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

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

b General Schedules

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

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

(3) [ ] 0 **A** (Insurance Information)

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

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ACCURATE BACKGROUND CHECKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0796904

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	188	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LPL FINANCIAL CORPORATION

95-2834236

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	7699	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS S&P 500 INDX - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN DYNATECH R - FRANKLIN TEMPLET 94-3167260	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN SM CAP GRTH R - FRANKLIN TEMP 94-3167260	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS COMSTOCK R - INVESCO INVESTME 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JH STR INCOME OPP R2 - JOHN HANCOC 01-0233346	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM CORE BOND R2 - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LD ABBETT HGH YLD R3 - DST SYSTEMS 43-1581814	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INTL NEW DISC R2 - MFS SERVICE 04-2865649	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS RESEARCH R2 - MFS SERVICE CENT 04-2865649	0.15%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN MDCP INDEX R3 - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN SM CP IDX R3 - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS R - OFI GLOBAL ASS	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DISC MDCPGR R - OFI GLOBAL TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GRTH R - OFI GLOBAL AS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON FOREIGN R - FRANKLIN TEM 94-3167260	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY ESTB VALUE R - CITI FUND S 31-1249295	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY SM CO OPP R - CITI FUND SE 31-1249295	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	55	7699

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
ACCURATE BACKGROUND CHECKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0796904

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1549	266
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	40177	37896
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2143475	2535057
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2185201	2573219
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2185201	2573219

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)	0	
(B) Participants	2a(1)(B)	407705	
(C) Others (including rollovers)	2a(1)(C)	154168	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		561873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1397	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1397
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	150013	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		150013
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-13188
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		700095
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	296803	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		296803
f Corrective distributions (see instructions)	2f		15086
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	188	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		188
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		312077
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		388018
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WONG JOHNSON & ASSOCIATES,APC **(2)** EIN: 46-0507972

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
ACCURATE BACKGROUND CHECKS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0796904

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

EIN Number: 33-0796904 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered Investment Companies			
*	Fidelity Advisor Freedom 2035	35230.139 shares		$ 461,163
*	Fidelity Advisor Freedom 2025	27034.131 shares		350,633
*	Fidelity Advisor Freedom 2040	23823.019 shares		335,666
*	Fidelity Advisor Freedom 2030	20539.171 shares		282,208
*	Fidelity Advisor Freedom 2045	18360.756 shares		198,663
*	Franklin Small Cap Growth	6999.712 shares		123,475
*	Fidelity Advisor Freedom 2050	9265.815 shares		99,608
*	Invesco Comstock	3179.750 shares		81,147
*	Fidelity Advisor Real Estate	3304.537 shares		75,905
*	Fidelity Advisor Freedom 2020	4451.223 shares		58,534
*	Nuveen Mid Cap Index	3251.203 shares		57,806
*	Lord Abbett High Yield	7487.647 shares		56,157
*	Dreyfus S&P 500 Index	938.848 shares		48,538
*	Victory Established Value	1446.858 shares		48,224
*	Fidelity Advisor Freedom 2010	3045.891 shares		37,891
*	Oppenheimer International Growth	1058.029 shares		36,703
*	Fidelity Advisor Freedom 2055	2810.857 shares		32,578
*	Franklin Dyna Tech	686.198 shares		31,119
*	MFS Research	682.096 shares		25,422
*	Templeton Foreign	2828.644 shares		19,376
*	MFS International New Discovery	643.128 shares		17,062
*	Nuveen Small Cap Index	981.802 shares		13,981
*	Oppenheimer Developing Markets	403.786 shares		13,801
*	JPM Core Bond	827.361 shares		9,713
*	JH Strategic Income Opportunity	823.444 shares		8,943
*	Victory Small Company Opportunity	127.884 shares		4,780
*	Oppenheimer Discovery Mid Cap Growth	166.845 shares		2,636
*	Fidelity Advisor Freedom 2015	168.254 shares		2,090
*	Fidelity Freedom	113.050 shares		1,126
	Total registered investment companies			2,534,948
	Other:			
	Cash			266
	Notes receivable from participants	5.25 -9.50 percent	-0-	37,896
	Total assets (held at end of year)			$ 2,573,110

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN

INDEPENDENT AUDITORS' REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2014 AND 2013

WONG JOHNSON ASSOCIATES

WONG JOHNSON & ASSOCIATES, A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
SUITE 203
41856 IVY STREET, MURRIETA, CALIFORNIA 92562-8805
TELEPHONE 951–693–1120

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN

INDEX TO REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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Statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013 4

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Supplemental schedule*

Schedule H, line 4i – Schedule of assets (held at end of year) as of December 31, 2014 17

* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because the information required by the relevant schedules is not applicable.

WONG JOHNSON & ASSOCIATES, A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
SUITE 203
41856 IVY STREET, MURRIETA, CALIFORNIA 92562-8805
TELEPHONE 951-693-1120

INDEPENDENT AUDITORS' REPORT

October 5, 2015

To the Participants and Plan Administrator
of the Accurate Background Checks, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Accurate Background Checks, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Investments, the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment custodian as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of Assets (Held at end of year) and Schedule of Reportable Transactions, are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by the investment custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wong Johnson & Associates

WONG JOHNSON & ASSOCIATES
A Professional Corporation
Murrieta, California

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2014	December 31, 2013
ASSETS		
INVESTMENTS, AT FAIR VALUE, PARTICIPANT DIRECTED:		
Registered investment companies:		
Hybrid funds	$ 1,871,741	$ 1,449,952
Large/mid blend equity funds	292,256	354,740
Small company equity funds	142,234	164,763
Global equity funds	86,942	43,459
Speciality funds	75,905	83,243
Bond funds	65,870	47,318
Money market / cash equivalents	266	1,549
Total investments	2,535,214	2,145,024
RECEIVABLES:		
Notes receivable from participants	37,896	40,177
Total receivables	37,896	40,177
Total assets	2,573,110	2,185,201
LIABILITIES:		
Correctivve distribtuions payable	4,347	23,145
Net assets available for benefits	$ 2,568,763	$ 2,162,056

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

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2014	2013
Additions to net assets:		
Participant deferral contributions	$ 403,358	$ 315,574
Participant rollover contributions	154,168	82,503
Total contributions	557,526	398,077
Investment income:		
Net appreciation in fair value of investments	136,824	319,900
Total investment income	136,824	319,900
Interest income on notes receivable from participants	1,398	1,870
Total additions to net assets	695,748	719,847
Deductions from net assets:		
Distributions to participants	288,744	221,805
Plan administrative expenses	297	5,257
Total deductions from net assets	289,041	227,062
Increase in net assets available for benefits	406,707	492,785
Net assets available for benefits:		
At beginning of period	2,162,056	1,669,271
At end of period	$2,568,763	$2,162,056

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

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014

NOTE 1 — DESCRIPTION OF THE PLAN:

The following description of the Accurate Background Checks, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for complete information.

General

The Plan is a cash deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"), covering substantially all employees of Accurate Background Checks, Inc. and Suana Warehouse (the "Company"). Both of the companies are owned by the same individual. The Plan was established for the purpose of providing retirement benefits for employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is administered by the Company. In general, contributions to the Plan, as well as investment earnings, are tax deferred. The Plan was adopted December 15, 1998.

Eligibility

Employees who have attained at least 18 years of age are eligible to enroll in the Plan on the first day of the month coinciding with or following the satisfaction of the age requirement. Employees can opt out of Plan enrollment at any time.

Contributions

Prior to March 2014, employees were auto-enrolled at a 3 percent deferral rate and could elect to contribute up to 100 percent of their eligible compensation into the Plan. During March 2014, the Company discontinued the 3 percent auto-enroll deferral rate. Salary deferrals cannot exceed a maximum deferral as determined annually by the Internal Revenue Service. During the years ended December 31, 2014 and 2013, a participant's pre-tax elective deferral contributions were limited to $17,500. Participants 50 years of age or older, are eligible to make an additional $5,500 catch up contribution for the years ended December 31, 2014 and 2013.

The Company may make discretionary matching and / or profit sharing contributions to the Plan, as approved by the Company's Board of Directors. For the years ended December 31, 2014 and 2013, the Company made no matching and / or profit sharing contributions.

Effective January 1, 2015, the Company elected to make contributions in an amount equal to 3 percent of eligible compensation.

The custodian maintains an account in the name of each participant. Each eligible participant's account is credited with (a) the participant's contributions, (b) the allocated amount of the Company's discretionary contribution, if any, and (c) an allocation of Plan earnings. Plan earnings, by investment fund, are

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

allocated daily by the custodian on the basis of the ratio that each eligible participant's account balance in the fund as of the beginning of the day bears to the total account balances of all participants in the respective fund.

Employees are permitted to obtain loans from the Plan in certain instances.

Investments

Participants may direct the investment of their individual contributions and any Company discretionary contributions in any one or more of the investment funds established for the Plan. Participants may elect to change the investments of their contributions and any Company discretionary contributions, or to transfer all or part of their account balances, among the various investment funds in increments of one percent.

The following investment options were available at December 31, 2014:

Dreyfus S&P 500 Index Fund – Fund is generally fully invested in stocks included in the S&P 500 Index and in futures whose performance is tied to the index. The fund generally invests in all 500 stocks in the S&P 500 Index in proportion to their weighting in the index.

Fidelity Advisor Freedom 2010 Fund – Fund generally seeks high total returns for those planning to retire around the year 2010.

Fidelity Advisor Freedom 2015 Fund – Fund generally seeks high total returns for those planning to retire around the year 2015.

Fidelity Advisor Freedom 2020 Fund – Fund generally seeks high total returns for those planning to retire around the year 2020.

Fidelity Advisor Freedom 2025 Fund – Fund generally seeks high total returns for those planning to retire around the year 2025.

Fidelity Advisor Freedom 2030 Fund – Fund generally seeks high total returns for those planning to retire around the year 2030.

Fidelity Advisor Freedom 2035 Fund – Fund generally seeks high total returns for those planning to retire around the year 2035.

Fidelity Advisor Freedom 2040 Fund – Fund generally seeks high total returns for those planning to retire around the year 2040.

Fidelity Advisor Freedom 2045 Fund – Fund generally seeks high total returns for those planning to retire around the year 2045.

Fidelity Advisor Freedom 2050 Fund – Fund generally seeks high total returns for those planning to retire around the year 2050.

Fidelity Advisor Freedom 2055 Fund – Fund generally seeks high total returns for those planning to retire around the year 2055.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Fidelity Advisor Real Estate Fund - Fund generally invests in public equity and fixed income markets of developed countries in the real estate sector. The fund primarily invests in lower-quality real estate related instruments including commercial and residential mortgage-backed securities and other debt securities, and U.S. Governmental securities.

Fidelity Freedom Fund – Fund generally seeks high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity domestic equity funds, international funds, bond funds and short-term funds, each of which seeks to provide investment results that correspond to the total return of a specific index or market segment.

Franklin Dyna Tech Fund – Fund generally seeks capital appreciation by investing primarily in companies which management believes are leaders in innovation, take advantage of new technologies, have superior management, and benefit from new industry conditions in the dynamically changing global economy.

Invesco Comstock Fund – Fund seeks to utilize a long-term investment time horizon by making early and patient investments in large undervalued companies, seeking to take advantage of significant discrepancies between the current stock market price and the underlying value of the company.

JH Strategic Income Opportunity Fund – Fund generally seeks to maximize total return consisting of current income and capital appreciation. The fund invests at least 80 percent of its assets in the following types of securities, which may be denominated in U.S. dollars or foreign currencies: foreign government and corporate debt securities from developed and emerging markets, U.S. government and agency securities, domestic high yield bonds and investment grade corporate bonds and currency instruments.

JPM Core Bond Fund – Fund generally seeks to maximize total return by investing primarily is a diversified portfolio of intermediate- and long-term debt securities. The fund generally maintains an average weighted maturity between 4 and 12 years, although it may shorten its average weighted maturity if deemed appropriate for temporary defensive purposes.

Lord Abbett High Yield Fund – Fund generally seeks income and capital appreciation by investing primarily in a diversified mix of debt securities.

MFS International New Discovery Fund – Fund generally focuses on growth companies and small and mid market capitalizations. The fund also seeks international stocks with valuations in line with fundamental strengths and growth prospects.

MFS Research Fund –Fund generally seeks capital appreciation. Fund normally invests primarily in equity securities. Equity securities include common stocks, preferred stocks, securities convertible into stocks, equity interests in real estate investment trusts, and depositary receipts for such securities.

Nuveen Mid Cap Index Fund- Seeks to achieve long-term growth of capital by investing 80 percent of its total assets in common stocks of mid and small cap companies with market cap values of less than $8.5 billion.

Nuveen Small Cap Index Fund - Seeks to achieve long-term capital appreciation. The fund provides investors with access to securities of small U.S. companies.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Oppenheimer Developing Markets Fund – Seeks to achieve capital appreciation by investing mainly in common stocks of companies in the developing countries.

Oppenheimer International Growth Fund - Seeks to achieve long-term capital appreciation. The fund primarily invests in the common stock of growth companies that are domiciled or have their primary operations outside of the United States. It may invest 100 percent of its assets in securities of foreign companies. The fund may also invest in emerging markets as well as in developed markets throughout the world.

Templeton Foreign Fund – Fund generally seeks long-term capital growth by investing at least 80 percent of its net assets in foreign securities, which may include emerging markets.

Victory Established Value Fund – Fund generally seeks long-term growth by investing primarily in common stocks. Fund primarily invests 80 percent of its total assets in companies with market capitalizations within the range of companies comprising the Russell Mid Cap Value Index. The fund may also invest a portion of its assets in equity securities of foreign companies traded on U.S. exchanges.

Victory Small Company Opportunity Fund - Fund generally seeks capital appreciation. Fund normally invests primarily in equity securities of smaller companies that the Advisor believes to be undervalued relative to the underlying earnings potential of the company. Under normal circumstances, the fund will invest at least 80 percent of its net assets in equity securities of small companies.

Participants may change their investment options daily through use of an internet-based system maintained by the custodian.

Vesting

Participant contributions are fully vested when made. Company contributions vest based upon years of service according to the following schedule:

Years of Service	Vesting Percentage
Less than 1	0%
1	30%
2	*70%*
3	*100%*

Distributions and payment of benefits

The normal retirement age is 65. Upon the death, disability or retirement at or after normal retirement age of a participant who had not incurred a separation from service, their account is fully vested. A participant who incurs a termination of employment prior to normal retirement age is entitled to that portion of Plan benefits earned to date, with vesting based upon the years of service credited as of the date of termination. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances not exceeding $1,000 may be immediately distributed in a lump-sum payment. All vested account balances exceeding $1,000, but not exceeding $5,000, may be rolled into an individual retirement account. With the Plan administrator's approval, participants may withdraw all or part of their aggregate contributions in the event of financial hardship.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Plan termination

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

Forfeitures

Forfeitures of terminated participants' non-vested account balances may be used to pay administrative expenses or reduce Company contributions. During the years ended December 31, 2014 and 2013, $-0- and $-0-, respectively, from forfeitures were used to reduce administrative expenses or employer contributions. At December 31, 2014 and 2013, the unallocated forfeiture balance was $266 and $1,549, respectively.

Plan expenses

Administrative expenses and fees of the Plan and the trust are to be paid out of trust assets. The Company may, however, at its discretion reimburse the trust for such administrative expenses. During the years ended December 31, 2014 and 2013, the Company paid approximately $10,000 and $7,500, respectively, for such expenses.

Notes receivable from participants

Notes receivable from participants are secured by the participant's account balance and may not exceed the lesser of 50 percent of the participant's account balance or $50,000 in the aggregate for any individual participant. Loan maturity is not to exceed five years, except in the case where the loan is used to acquire or construct the participant's principle residence, in which case loans may be extended up to 10 years.

The loans are secured by the balance in the participant's account and generally bear interest at annual rates varying with the prime interest rate plus one percent on the date the loan is processed. At December 31, 2014, the annual rate of all notes outstanding ranged between 5.25 percent through 9.50 percent. Principal and interest are paid ratably through payroll deductions.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The Plan's financial statements are prepared on the accrual basis, in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Contributions made by participants and the employer are recorded on the accrual basis. Contributions are recognized during the period in which the related compensation was earned.

Benefit payments to participants are recorded when paid.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Investment valuation and Income Recognition

The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. S Note 3 for discussion of fair value measurements.

Effective April 2013, investments are held in registered investment companies, most of which are managed by Fidelity Investments Institutional Operations Company, Inc. Investments in registered investment companies are valued at the quoted net asset value of the shares held by the Plan at year end.

Prior to April 2013, investments were primarily held in pooled separate accounts of the Transamerica Life Insurance Company, as investment custodian. Units of pooled separate accounts are valued at quoted market prices, which represent the net asset value of units held by the Plan at year end. Pooled separate accounts are similar to mutual funds.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation, including unrealized gains and losses, as well as reinvested dividends, are included as part of the net increase in fair value of investments in the statements of changes in net assets available for benefits.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and changes therein at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates are made in determining fair value of investments in pooled separate accounts. Actual results could differ from those estimates.

Risks and uncertainties

Plan assets consist of various investments, which are exposed to a number of risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

Reclassifications

Certain amounts in the 2013 financial statements have been reclassified to conform to the 2014 presentations. These reclassifications had no effect on previously reported net assets available for benefits.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Recently Issued Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) No. 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its equivalent). The update permits a reporting entity, as a practical expedient, to measure the fair value of certain investments using the net asset value per share of the investment. The new update is effective for annual reporting periods on or after December 15, 2015 and will be applied retrospectively. The Company does not expect the adoption of this accounting guidance to have a significant impact on the Plan's financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS:

Generally Accepted Accounting Principles describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly; such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active; or other inputs than can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Registered investment companies may be redeemed on a daily basis, many with no redemption restrictions, and investments can be transferred once every thirty-days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into that originating investment until the thirty-day period has expired. New contributions are allowed during this time period.

Notes receivable from participants, all of which mature by 2020 and are secured by vested account balances of borrowing participants, are stated at the outstanding principal balance plus accrued interest, which approximates fair value.

There were no transfer of investments between Level 1 and 2 inputs during the years ended December 31, 2014 and 2013, respectively.

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

As of December 31, 2014, the Plan held investments as follows:

	Fair Value	Level 1	Level 2	Level 3
Registered investment companies				
Fidelity Advisor Freedom 2035	$ 461,163	$ 461,163		
Fidelity Advisor Freedom 2025	350,633	350,633		
Fidelity Advisor Freedom 2040	335,666	335,666		
Fidelity Advisor Freedom 2030	282,208	282,208		
Fidelity Advisor Freedom 2045	198,663	198,663		
Franklin Small Cap Growth	123,475	123,475		
Fidelity Advisor Freedom 2050	99,608	99,608		
Invesco Comstock	81,147	81,147		
Fidelity Advisor Real Estate	75,905	75,905		
Fidelity Advisor Freedom 2020	58,534	58,534		
Nuveen Mid Cap Index	57,806	57,806		
Lord Abbett High Yield	56,157	56,157		
Dreyfus S&P 500 Index	48,538	48,538		
Victory Established Value	48,224	48,224		
Fidelity Advisor Freedom 2010	37,891	37,891		
Oppenheimer International Growth	36,703	36,703		
Fidelity Advisor Freedom 2055	32,578	32,578		
Franklin Dyna Tech	31,119	31,119		
MFS Research	25,422	25,422		
Templeton Foreign	19,376	19,376		
MFS International New Discovery	17,062	17,062		
Nuveen Small Cap Index	13,981	13,981		
Oppenheimer Developing Markets	13,801	13,801		
JPM Core Bond	9,713	9,713		
JH Strategic Income Opportunity	8,943	8,943		
Victory Small Company Opportunity	4,780	4,780		
Oppenheimer Discovery Mid Cap Growth	2,636	2,636		
Fidelity Advisor Freedom 2015	2,090	2,090		
Fidelity Freedom	1,126	1,126		
Total	$2,534,948	$2,534,948	$ -0-	$ -0-

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

As of December 31, 2013, the Plan held investments as follows:

	Fair Value	Level 1	Level 2	Level 3
Registered investment companies				
Fidelity Advisor Freedom 2035	$ 434,457	$ 434,457		
Fidelity Advisor Freedom 2025	273,425	273,425		
Fidelity Advisor Freedom 2040	270,057	270,057		
Fidelity Advisor Freedom 2030	234,188	234,188		
Franklin Small Cap Growth	148,337	148,337		
Dreyfus S&P 500 Index	118,288	118,288		
Fidelity Advisor Freedom 2045	107,670	107,670		
Fidelity Advisor Real Estate	83,243	83,243		
Victory Established Value	65,939	65,939		
Fidelity Advisor Freedom 2050	65,095	65,095		
Invesco Comstock	54,555	54,555		
Fidelity Advisor Freedom 2020	52,018	52,018		
Lord Abbett High Yield	47,318	47,318		
Nuveen Mid Cap Index	42,836	42,836		
Fidelity Advisor Freedom 2010	30,851	30,851		
Oppenheimer International Growth	18,308	18,308		
Franklin Dyna Tech	17,894	17,894		
Fidelity Advisor Freedom 2055	17,649	17,649		
Templeton Foreign	12,965	12,965		
MFS Research	12,391	12,391		
Nuveen Small Cap Index	11,633	11,633		
MFS International New Discovery	8,763	8,763		
Fidelity Advisor Freedom 2015	6,988	6,988		
Victory Small Company Opportunity	4,170	4,170		
Oppenheimer Developing Markets	3,423	3,423		
Oppenheimer Discovery Mid Cap Growth	1,014	1,014		
Total	$2,143,475	$2,143,475	$ -0-	$ -0-

There were no investments in Level 3 during the years ended December 31, 2014 and 2013, respectively.

NOTE 4 — INFORMATION CERTIFIED BY THE CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified to as complete and accurate by the custodian.

2014

Statement of net assets available for benefits:	
Cash	$ 266
Investments in registered investment companies	2,534,948
Notes receivable from participants	37,896
Statement of changes in net assets available for benefits:	
Interest	1,398
Net appreciation in fair value of investments	136,824

2013

Statement of net assets available for benefits:	
Cash	$ 1,549
Investments in registered investment companies	2,143,475
Notes receivable from participants	40,177
Statement of changes in net assets available for benefits:	
Interest	1,870
Net appreciation in fair value of investments	319,900

NOTE 5 — INVESTMENTS:

Plan investments are held by and administered by the Plan's custodian. The fair value of investments at December 31, 2014 and 2013 are summarized below. Individual investments that represent 5 percent or more of net assets available for benefits are separately identified.

	December 31, 2014	December 31, 2013
Fidelity Advisor Freedom 2035	$ 461,163	$ 434,457
Fidelity Advisor Freedom 2025	350,633	273,425
Fidelity Advisor Freedom 2040	335,666	270,057
Fidelity Advisor Freedom 2030	282,208	234,188
Fidelity Advisor Freedom 2045	198,663	107,670
Franklin Small Cap Growth Fund	123,475	148,337
Fidelity Advisor Real Estate	75,905(*)	83,243
Dreyfus S&P Index Fund	48,538(*)	118,288
Other Funds	658,697	473,809
Total investments	$2,534,948	$2,143,475

(*) Amount less than 5 percent of the Plan's net assets available for benefits as of the applicable year end and is included for comparative purposes only.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of registered investment companies managed by Fidelity Investments Institutional Operations Company, Inc. which along with Fidelity Management Trust Company, are both members of Fidelity Investments. Fidelity Management Trust Company is also the trustee and record keeper as defined by the Plan and, therefore, these other services meet the ERISA definition of party-in-interest transactions. Purchases and sales and the underlying investments comprising are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. Fees paid by the Plan to Fidelity Management Trust Company for record keeping services were approximately $400 and $200 during the years ended December 31, 2010 and 2009, respectively.

NOTE 7 — TAX STATUS OF THE PLAN:

Effective April 2013, the Plan operates under the provisions of a volume submitter profit sharing employee benefit plan developed by Fidelity Management Trust Company. Prior to such date, the Plan operated under the provisions of a volume submitter profit sharing employee benefit plan developed by Transamerica Life Insurance Company. The Plan administrator has not obtained a specific determination letter from the Internal Revenue Service regarding the Plan's tax status as a qualified employee benefit plan. The Plan has been amended since the Internal Revenue Service issued its determination letter for the volume submitter profit sharing plan. However, the plan administrator, Fidelity Management Trust Company, and the Plan's tax counsel believe that the Plan, as amended, is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has evaluated its tax positions for all open tax years and tax years that subject to examination by the Internal Revenue Service are 2011, 2012 and 2013 tax years. However, the Plan is not currently under audit nor has the Plan been contacted by any jurisdiction. Based on the evaluation of the Plan's tax positions, management believes all tax positions taken would be upheld under an examination. Therefore, no provision for the effect of uncertain tax positions have been recorded for the years ended December 31, 2014 and 2013.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500:

As permitted by Department of Labor Regulations, the Plan prepares its Form 5500 using the cash basis of accounting, while the financial statements have been prepared using generally accepted accounting principles.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	$2,568,872	$2,162,055
Excess contributions to be refunded to participants	4,347	23,145
Net assets available for benefits per the Form 5500	$2,573,219	$2,185,200

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500: (Continued)

The following is a reconciliation of participant deferral contributions per the financial statements to the Form 5500:

	December 31,	
	2014	2013
Participant deferral contributions per the financial statements	$403,358	$315,574
Excess contributions to be refunded to participants	4,347	15,086
Net assets available for benefits per the Form 5500	$407,705	$330,660

The differences above relate primarily to the classification of excess contributions to be refunded to participants between the Form 5500 and the financial statement presentation.

The following is a reconciliation of distributions to participants per the financial statements to the Form 5500:

	December 31,	
	2014	2013
Distributions to participants per the financial statements	$288,744	$ 221,805
Excess contributions distributions to participants	8,059	-0-
Distributions to participants per the Form 5500	$296,803	$221,805

The difference above relates to a difference in the classification between ERISA and GAAP.

NOTE 9 – SUBSEQUENT EVENTS:

The Company evaluated all events and transactions that occurred from the balance sheet date of December 31, 2014 through October 5, 2015, the date the financial statements were available to be issued. During this period, except as noted in the following paragraphs, there were no events or transactions occurring which require recognition or disclosure in the financial statements.

Effective January 1, 2015, the Company elected to make contributions in an amount equal to 3 percent of eligible compensation.

As of June 30, 2015, the date of the most recent available asset valuation, market value of the Plan's investment assets was approximately $3,088,000.

ACCURATE BACKGROUND CHECKS, INC.
401(K) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

EIN Number: 33-0796904 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Registered Investment Companies			
*	Fidelity Advisor Freedom 2035	35230.139 shares		$ 461,163
*	Fidelity Advisor Freedom 2025	27034.131 shares		350,633
*	Fidelity Advisor Freedom 2040	23823.019 shares		335,666
*	Fidelity Advisor Freedom 2030	20539.171 shares		282,208
*	Fidelity Advisor Freedom 2045	18360.756 shares		198,663
*	Franklin Small Cap Growth	6999.712 shares		123,475
*	Fidelity Advisor Freedom 2050	9265.815 shares		99,608
*	Invesco Comstock	3179.750 shares		81,147
*	Fidelity Advisor Real Estate	3304.537 shares		75,905
*	Fidelity Advisor Freedom 2020	4451.223 shares		58,534
*	Nuveen Mid Cap Index	3251.203 shares		57,806
*	Lord Abbett High Yield	7487.647 shares		56,157
*	Dreyfus S&P 500 Index	938.848 shares		48,538
*	Victory Established Value	1446.858 shares		48,224
*	Fidelity Advisor Freedom 2010	3045.891 shares		37,891
*	Oppenheimer International Growth	1058.029 shares		36,703
*	Fidelity Advisor Freedom 2055	2810.857 shares		32,578
*	Franklin Dyna Tech	686.198 shares		31,119
*	MFS Research	682.096 shares		25,422
*	Templeton Foreign	2828.644 shares		19,376
*	MFS International New Discovery	643.128 shares		17,062
*	Nuveen Small Cap Index	981.802 shares		13,981
*	Oppenheimer Developing Markets	403.786 shares		13,801
*	JPM Core Bond	827.361 shares		9,713
*	JH Strategic Income Opportunity	823.444 shares		8,943
*	Victory Small Company Opportunity	127.884 shares		4,780
*	Oppenheimer Discovery Mid Cap Growth	166.845 shares		2,636
*	Fidelity Advisor Freedom 2015	168.254 shares		2,090
*	Fidelity Freedom	113.050 shares		1,126
	Total registered investment companies			2,534,948
	Other:			
	Cash			266
	Notes receivable from participants	3.25 -9.50 percent	-0-	37,896
	Total assets (held at end of year)			$ 2,573,110

See independent auditors' report.