

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 11/01/2001	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 11/01/2001					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) APPLE AMERICAN GROUP 6200 OAK TREE BLVD. INDEPENDENCE, OH 44131	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 91-2115263</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 216-525-2775</td> </tr> <tr> <td>2d Business code (see instructions) 722511</td> </tr> </table>	2b Employer Identification Number (EIN) 91-2115263	2c Plan Sponsor's telephone number 216-525-2775	2d Business code (see instructions) 722511	
2b Employer Identification Number (EIN) 91-2115263					
2c Plan Sponsor's telephone number 216-525-2775					
2d Business code (see instructions) 722511					

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	RONALD S. IGARASHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2289
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) 2246
a(2) Total number of active participants at the end of the plan year	6a(2) 2275
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits.....	6c 133
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2408
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2408
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1341
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 50
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 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLE AMERICAN GROUP	D Employer Identification Number (EIN) 91-2115263

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

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80100	133	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 975590**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 988169**c** Additions: (1) Contributions deposited during the year **7c(1)** 149112(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 26889(4) Transferred from separate account **7c(4)** 113929(5) Other (specify below) **7c(5)** 27763

▶ LOAN REPAYMENT-PRINCIPAL

(6) Total additions **7c(6)** 317693**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1305862**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 165969(2) Administration charge made by carrier **7e(2)** 5336(3) Transferred to separate account **7e(3)** 127969(4) Other (specify below) **7e(4)** 30998

▶ FORFEITURE LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 330272**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 975590

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLE AMERICAN GROUP</u>	D Employer Identification Number (EIN) <u>91-2115263</u>	

Part I	Service Provider Information (see instructions)
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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
<u>MGO SECURITIES CORP</u> <u>24400 CHAGRIN BLVD</u> <u>SUITE 310</u> <u>BEACHWOOD, OH 44122</u>

(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)

MOSKAL GROSS ORCHOSKY

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17 37	TPA	140840	Yes ☒ No ☐	Yes ☒ No ☐	9557	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 64 99	CUSTODIAN/RECORD KEEPER	19262	Yes ☒ No ☐	Yes ☒ No ☐	13977	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 31 38	INV ADVISOR	21807	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
MOSKAL GROSS ORCHOSKY	49 64	8873
(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.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICES FEE ADVISORY/SERVICE PROVIDER FEE
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
NATIONWIDE	49 64	13977
(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.
MGO INVESTMENT ADVISORS	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122	STATEMENT FEE SERVICE PROVIDER FEE
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 APPLE AMERICAN GROUP	D Employer Identification Number (EIN) 91-2115263	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRBR EQUITY INDEX 46

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO

c EIN-PN 31-4156830-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1495137
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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
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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>APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLE AMERICAN GROUP</u>	D Employer Identification Number (EIN) <u>91-2115263</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	23788	26730
	(2) Participant contributions.....	1b(2)		194641
	(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)	1419570	1621812
	(9) Value of interest in common/collective trusts	1c(9)		
	(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)	24138545	28045281
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	988169	975590
	(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	26570072	30864054

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	26570072	30864054
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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)	715367	
(B) Participants	2a(1)(B)	3475842	
(C) Others (including rollovers)	2a(1)(C)	594362	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4785571
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)	60613	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60613
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		1534801
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6380985

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2087003	
(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)		2087003
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2087003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4293982
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: MEADEN & MOORE, LTD

(2) EIN: 34-1818258

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		500000
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 APPLE AMERICAN GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLE AMERICAN GROUP		D Employer Identification Number (EIN) 91-2115263
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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPLE AMERICAN GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

INDEX

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Apple American Group, LLC 401(k) Profit Sharing Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust, 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 years ended December 31, 2014 and 2013, 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 our audits. We conducted 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 5, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

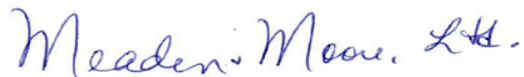
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

Report on Form and Content in Compliance with 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." with a stylized flourish at the end.

MEADEN & MOORE, LTD.
Cleveland, Ohio
October 13, 2015

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	December 31	
	<u>2014</u>	<u>2013</u>
ASSETS		
Receivable - Employer contributions	\$ 36,878	\$ 23,788
Receivable - Employee contributions	193,057	-
Notes receivable from participants	<u>1,649,167</u>	<u>1,419,570</u>
 Total Receivables	 1,879,102	 1,443,358
Investments at Fair Value:		
Mutual Funds	26,550,143	22,914,277
Common Collective Trust	<u>1,495,137</u>	<u>1,224,268</u>
 Investments at Fair Value	 28,045,280	 24,138,545
Investments at Contract Value:		
BOA Fixed Rate Fund	<u>975,590</u>	<u>988,169</u>
 Total Assets	 30,899,972	 26,570,072
LIABILITIES	<u>-</u>	<u>-</u>
 Net Assets Available for Benefits	 <u>\$ 30,899,972</u>	 <u>\$ 26,570,072</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	Year Ended December 31	
	<u>2014</u>	<u>2013</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 724,498	\$ 633,067
Employee	3,471,830	2,988,057
Rollover	<u>573,232</u>	<u>519,973</u>
	4,769,560	4,141,097
Investment Income:		
Interest income on notes receivable from participants	59,980	55,695
Net unrealized/realized appreciation	<u>1,569,767</u>	<u>4,121,089</u>
Total Investment Income	1,629,747	4,176,784
Deductions from Net Assets Attributed to:		
Benefits paid to participants	<u>2,069,407</u>	<u>1,910,980</u>
Net Increase	4,329,900	6,406,901
Net Assets Available for Benefits:		
Beginning of Year	<u>26,570,072</u>	<u>20,163,171</u>
End of Year	<u>\$ 30,899,972</u>	<u>\$ 26,570,072</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan

The following description of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 2001, is a defined contribution plan, which operates under various agreements between the Plan and Trust and Nationwide Life Insurance Company (Custodian). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 1, 2008 to comply with the Final 415 Regulations.

Participating Employers:

The following employers participate in the Plan: Apple American Group, LLC, Apple Ohio LLC, Apple Delaware LLC, Apple New Jersey LLC, Apple Northwest, LLC, Apple Indiana I LLC, Apple Indiana II LLC, Apple Indiana III LLC, Apple Norcal LLC, Apple Washington LLC, Apple Pennsylvania LLC, WineCountry Apple, LLC, BT Woodlipp, Inc., Apple SoCal, LLC (effective 2008), Apple Nevada, LLC (effective 2008), Apple Minnesota LLC (effective 2010), Apple New England LLC (effective 2011), Apple American Group II LLC (effective 2011), Apple Mid Cal, LLC (effective 2012), Apple Idaho, LLC (effective 2012), Apple Colorado, LLC (effective 2012), Apple New Mexico, LLC (effective 2012), Apple Oregon, LLC (effective 2012), Apple Georgia, LLC (effective 2012), Apple Washington II, LLC (effective 2012) and Apple Bama, LLC (effective 2012).

Eligibility:

Employees are eligible to participate in the Plan and elect a portion of their compensation to be contributed to the Plan the day after satisfying the following eligibility requirements:

- a. Attainment of age of twenty-one years
- b. Not being a highly compensated employee as defined by the Internal Revenue Service
- c. Not being a leased employee
- d. Not being an hourly restaurant employee (this does not include hourly managers in California)

Employees are eligible to share in employer matching and discretionary contributions after satisfying the eligibility requirements noted above and having completed one year of service.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company.

Employer Contributions - The Company may make matching contributions equal to 25% of the first 8% of the participant's salary reduction contribution.

The Company may also make additional discretionary contributions. Participants share in the discretionary contributions if they were employed on the last day of the Plan year. Such additional contributions, if any, shall be allocated to each participant in proportion to his or her compensation for the calendar year. There were no discretionary contributions in 2014 and 2013.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

401(k) Accounts - Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, earnings and losses thereon.

Vesting:

A participant's salary reduction contributions and rollover contributions are fully vested. Employer matching and discretionary contribution are vested as follows:

Years of Service	Vested %
1	0%
2	25%
3	50%
4	75%
5	100%

Former participants of Apple Northwest, LLC 401(k) Profit Sharing Plan use the following schedule:

Years of Service	Vested %
1	20%
2	40%
3	60%
4	80%
5	100%

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Forfeitures:

Forfeited non-vested accounts totaled \$7,987 and \$9,564 as of December 31, 2014 and 2013, respectively. Future employer contributions will be reduced by these amounts.

Notes Receivable from Participants:

Loans are valued at unpaid principal balance plus any accrued but unpaid interest. Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear a reasonable interest rate. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

Upon termination of service by reason of retirement, death or total and permanent disability, beneficiaries may elect to receive their retirement or death benefit as either a lump sum distribution or payments over a specified period of time.

Hardship Withdrawals:

Hardship withdrawals are permitted in accordance with Internal Revenue Service guidelines.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Valuation of Investments:

Investments (except for fully benefit-responsive contracts, which are recorded at contract value) are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Plan. The administrative fees, which are netted against earnings on the financial statement, amounted to \$129,271 and \$101,307 as of December 31, 2014 and 2013, respectively.

Plan Termination:

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

Risks and Uncertainties:

The Plan's investment include investments in mutual funds and collective funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events, Continued:

Subsequent events have been evaluated through October 13, 2015, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability
 - * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices and are classified as a Level 1.

Collective Investment Fund:

The fair value of the Collective Investment Fund is based on net asset value as calculated by dividing the total fair value of the assets of the Fund, less its liabilities, by the total number of units outstanding.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

3 Fair Value Measurements, Continued

Collective Investment Fund, Continued:

The Collective Investment Fund consists of separate Funds with differing investment objectives. The Funds hold investments in units of the Underlying Funds. The Funds sell new units and repurchase outstanding units on a daily basis. The Funds have the ability to redeem their investments in the portfolio funds at net asset value without restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 26,550,143	\$ -	\$ -	\$ 26,550,143
Collective Investment Fund	-	1,495,137	-	1,495,137
Total Investments at Fair Value	<u>\$ 26,550,143</u>	<u>\$ 1,495,137</u>	<u>\$ -</u>	<u>\$ 28,045,280</u>

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 22,914,277	\$ -	\$ -	\$ 22,914,277
Collective Investment Fund	-	1,224,268	-	1,224,268
Total Investments at Fair Value	<u>\$ 22,914,277</u>	<u>\$ 1,224,268</u>	<u>\$ -</u>	<u>\$ 24,138,545</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated August 19, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

5 Information Prepared and Certified by Custodian

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

	2014	2013
Investments	\$ 29,020,870	\$ 25,126,714
Notes receivable from participants	\$ 1,646,709	\$ 1,416,712
Interest income on notes receivable from participants	\$ 59,980	\$ 55,695
Net unrealized/realized appreciation	\$ 1,569,767	\$ 4,121,089

6 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company. These transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

7 Benefit Responsive Contract

The Plan holds a benefit-responsive insurance contract with Nationwide Life Insurance Company (Nationwide). The contract meets the fully benefit-responsive insurance contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's failure to qualify under Section 401(a) or Section 401(k) of the Internal Revenue Code, (2) the establishment of a defined contribution plan that competes with the Plan for employee contributions, (3) any substantive modification of the Plan or the administration of the Plan that is not consented to by the wrap issuer, (4) complete or partial termination of the Plan, (5) any change in law, regulation, or administrative ruling applicable to the Plan that could have a material adverse effect on a portfolio's cash flow, (6) merger or consolidation of the Plan with another plan, the transfer of assets to another plan, or the sale, spin-off or merger of a subsidiary or division of the plan sponsor, (7) any communication given to participants by the plan sponsor or any other plan fiduciary that is designed to induce or influence participants not to invest in a portfolio or to transfer assets out of a portfolio, (8) exclusion of a group of previously eligible employees from eligibility in the Plan, (9) any early retirement program, group termination, group layoff, facility closing, or similar program, and (10) any transfer of assets from a portfolio directly to a competing option. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants is probable.

The issuer may terminate the contract for cause at any time.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

8 Subsequent Event

Effective October 7, 2015, a new eligibility group will be added to the Plan in connection with the acquisition of Panera Bread bakery-cafes in Washington and northern California.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Alger Capital Appreciation Institutional Fund	Mutual Fund	N/A	\$ 22
	AllianzGI NFJ International Value Fund	Mutual Fund	N/A	145,543
	AllianzGI Technology Fund	Mutual Fund	N/A	159,925
	American Beacon Bridgeway Large Cap Value F	Mutual Fund	N/A	785
	American Funds American Balanced Fund R3	Mutual Fund	N/A	2,147
	American Funds American Balanced Fund R5	Mutual Fund	N/A	153,460
	American Funds American Balanced Fund R6	Mutual Fund	N/A	5,406,130
	American Funds American Century Income and C	Mutual Fund	N/A	15,245
	American Funds Capital Income Builder Fund R6	Mutual Fund	N/A	38,995
	American Funds EuroPacific Growth Fund R3	Mutual Fund	N/A	240,491
	American Funds EuroPacific Growth Fund R5	Mutual Fund	N/A	59,520
	American Funds EuroPacific Growth Fund R6	Mutual Fund	N/A	586,362
	American Funds Growth Fund of America R3	Mutual Fund	N/A	3,746
	American Funds Income Fund of America R3	Mutual Fund	N/A	181,719
	American Funds Income Fund of America R5	Mutual Fund	N/A	24,687
	American Funds Income Fund of America R6	Mutual Fund	N/A	728,997
	American Funds New World R6	Mutual Fund	N/A	36,539
	American Funds Washington Mutual R3	Mutual Fund	N/A	141
	American Funds Washington Mutual R6	Mutual Fund	N/A	263,627
	Baron Growth Fund	Mutual Fund	N/A	106
	Blackrock Health Sciences Opportunities Fund	Mutual Fund	N/A	140,548
	Blackrock High Yield Bond Fund	Mutual Fund	N/A	13
*	BOA Fixed Rate Fund	General Account	N/A	975,590
	Buffalo Flexible Income Fund	Mutual Fund	N/A	583
	Cambiar Aggressive Value Investor Fund	Mutual Fund	N/A	3,540
	Columbia Emerging Markets Bond Fund	Mutual Fund	N/A	8
	Davis Financial Fund	Mutual Fund	N/A	6,956
	Deutsche Global Infrastructure Fund	Mutual Fund	N/A	386
	Deutsche Mid Cap Value Fund	Mutual Fund	N/A	22
	DFA Global Real Estate Securities	Mutual Fund	N/A	28,718
	DFA Real Estate Securities	Mutual Fund	N/A	27
	DFA U.S. Small Cap Value Fund	Mutual Fund	N/A	6,856
	DFA U.S. Targeted Value	Mutual Fund	N/A	22
	Diamond Hill Small Cap Fund	Mutual Fund	N/A	463,741
	Dreyfus Appreciation Fund	Mutual Fund	N/A	22,829
	Eaton Vance Government Obligations Fund	Mutual Fund	N/A	32,270
	Eaton Vance Worldwide Health Sciences	Mutual Fund	N/A	66
	Federated Bond Fund	Mutual Fund	N/A	1,538,033
	Federated High Yield Trust Fund	Mutual Fund	N/A	373
	Fidelity Advisor Equity Income Fund	Mutual Fund	N/A	1,183
	Fidelity Advisor Growth Opportunity Fund	Mutual Fund	N/A	2,487
	Fidelity Advisor New Insights Fund	Mutual Fund	N/A	2,569,853
	FPA Crescent Fund	Mutual Fund	N/A	599
	Franklin Biotechnology Discovery Fund	Mutual Fund	N/A	21,645
	Franklin Small Cap Growth Fund	Mutual Fund	N/A	103,314
	Franklin Small-Mid Cap Growth Fund	Mutual Fund	N/A	1,094,049
	Franklin Utilities Fund	Mutual Fund	N/A	99,252
	Gateway Fund	Mutual Fund	N/A	118,725
	Goldman Sachs Income Builder Fund	Mutual Fund	N/A	585
	Goldman Sachs Strategic Income Fund	Mutual Fund	N/A	40,933
	INTECH U.S. Core Fund	Mutual Fund	N/A	394
	Invesco Growth and Income Fund	Mutual Fund	N/A	668,824
	Invesco Small Cap Growth Fund	Mutual Fund	N/A	681,358
	Ivy High Income Fund	Mutual Fund	N/A	367
	Ivy Real Estate Securities Fund	Mutual Fund	N/A	109,687
	Janus Twenty Fund	Mutual Fund	N/A	2,352,968
	JPMorgan Intrepid Growth Fund	Mutual Fund	N/A	2,408
	JPMorgan Small Cap Value Fund	Mutual Fund	N/A	79,787

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lazard Global Listed Infrastructure	Mutual Fund	N/A	389
*	Nationwide Government Bond Fund	Mutual Fund	N/A	649,431
*	Nationwide Money Market Fund	Mutual Fund	N/A	829,362
*	Nationwide S&P 500 Index Fund	Mutual Fund	N/A	88,150
	Neuberger Berman Genesis Trust Fund	Mutual Fund	N/A	1,230,919
	Oppenheimer Global Fund	Mutual Fund	N/A	1,550,539
	Oppenheimer Gold and Special Minerals Fund	Mutual Fund	N/A	133,066
	Oppenheimer International Bond Fund	Mutual Fund	N/A	3,705
	Oppenheimer Senior Floating Rate Fund	Mutual Fund	N/A	55,554
	Oppenheimer SteelPath MLP Income Fund	Mutual Fund	N/A	29,032
	PIMCO All Asset Fund	Mutual Fund	N/A	56,915
	PIMCO Emerging Markets Currency Fund	Mutual Fund	N/A	8
	PIMCO Income Fund	Mutual Fund	N/A	57,037
	PIMCO RAE Fundamental PLUS Fund	Mutual Fund	N/A	29,988
	PIMCO Real Return Fund	Mutual Fund	N/A	29,361
	Pioneer Bond Fund	Mutual Fund	N/A	80,658
	Pioneer Select Mid Cap Growth Fund	Mutual Fund	N/A	23,557
	Prudential Jennison Utility Fund	Mutual Fund	N/A	2,886
	RidgeWorth Aggressive Growth Stock Fund	Mutual Fund	N/A	16,725
	Rydex Biotechnology Fund	Mutual Fund	N/A	180
	Scout International Fund	Mutual Fund	N/A	67
	T. Rowe Price Capital Appreciation	Mutual Fund	N/A	612
	T. Rowe Price Health Sciences	Mutual Fund	N/A	3,343
	T. Rowe Price Mid-Cap Value Fund	Mutual Fund	N/A	1,827,854
	Templeton Foreign Fund	Mutual Fund	N/A	61,081
	Templeton Global Bond Fund	Mutual Fund	N/A	45,561
	Vanguard 500 Index Fund	Mutual Fund	N/A	21,666
	Vanguard Emerging Market Stock Index Fund	Mutual Fund	N/A	1,336
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/A	2,575
	Vanguard Total International Stock Index Fund	Mutual Fund	N/A	4,950
	Vanguard Total Stock Market Index Fund	Mutual Fund	N/A	16,786
	Vanguard Wellesley Income Fund	Mutual Fund	N/A	36,844
	Victory Fund for Income	Mutual Fund	N/A	184,825
	Wells Fargo Advantage Adjustable Rate Governn	Mutual Fund	N/A	6,695
	Wells Fargo Advantage Discovery Fund	Mutual Fund	N/A	126,298
	Wells Fargo Advantage Small Cap Value Fund	Mutual Fund	N/A	851,204
	Wells Fargo Advantage Special Mid Cap Value F	Mutual Fund	N/A	148,137
	Vanguard Equity Income Fund	Mutual Fund	N/A	101,251
	Wilmington Trust Equity 500 Index Fund	Collective Investment Fund	N/A	1,495,137
		Subtotal investments		29,020,870
*	Participant notes receivable	(interest at 4.25% to 5.75%)	N/A	1,649,167
				<u>\$ 30,670,037</u>
* Party-in-interest to the Plan.				

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 ☒ 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 planApple American Group LLC
401(k) Profit Sharing Plan and Trust**1b** Three-digit plan number (PN) ▶

001

1c Effective date of plan
11/01/2001**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

Apple American Group

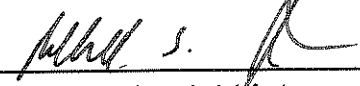
6200 Oak Tree Blvd.

Independence

OH 44131

2b Employer Identification Number (EIN)
91-2115263**2c** Plan Sponsor's telephone number
(216) 525-2775**2d** Business code (see instructions)
722511**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		<u>10/14/15</u>	Ronald S. Igarashi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/15</u>	RONALD S. IGARASHI
	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)

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

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	2,289
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)	2,246
a(2) Total number of active participants at the end of the plan year		6a(2)	2,275
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	133
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2,408
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e		6f	2,408
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1,341
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	50
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 2T			
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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) 1 (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan	B Three-digit plan number (PN) ►	001
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Apple American Group LLC 401(k) Profit Sharing Plan and Trust

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Apple American Group	91-2115263

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

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80100	133	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end.....	4	975,590
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year.....	6c	
---	-----------	--

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
Specify nature of costs ▶		

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

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

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

b Balance at the end of the previous year	7b	988,169
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c Additions: (1) Contributions deposited during the year	7c(1)	149,112
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	26,889
(4) Transferred from separate account	7c(4)	113,929
(5) Other (specify below)	7c(5)	27,763

▶loan repayment-principal

(6) Total additions	7c(6)	317,693
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1,305,862
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	165,969
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(2) Administration charge made by carrier	7e(2)	5,336
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(3) Transferred to separate account	7e(3)	127,969
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(4) Other (specify below)	7e(4)	30,998
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▶forfeiture

loan withdrawal

(5) Total deductions	7e(5)	330,272
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	975,590
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>Apple American Group LLC 401(k) Profit Sharing Plan and Trust</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Apple American Group</u>	D Employer Identification Number (EIN) <u>91-2115263</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

MGO SECURITIES CORP

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD

OH 44122

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

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

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

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

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)

MOSKAL GROSS ORCHOSKY

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD

OH 44122

(b) Service Code(s) 15 16 17 37

(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?
TPA	140,840	Yes ☒ No ☐	Yes ☒ No ☐	9,557	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA

COLUMBUS

OH 43215

(b) Service Code(s) 15 49 64 99

(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?
CUSTODIAN/RECORD KEEPER	19,262	Yes ☒ No ☐	Yes ☒ No ☐	13,977	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD

OH 44122

(b) Service Code(s) 26 27 28 31 38

(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?
Inv Advisor	21,807	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
MOSKAL GROSS ORCHOSKY	49 64	8,873
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS OH 43215	Administrative Services Fee Advisory/Service Provider Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	49 64	13,977
(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.	
MGO INVESTMENT ADVISORS 24400 CHAGRIN BLVD SUITE 310 BEACHWOOD OH 44122	Statement Fee Service Provider Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan Apple American Group LLC 401(k) Profit Sharing Plan and Trust	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Apple American Group	D Employer Identification Number (EIN) 91-2115263	

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: Wilmington TRBR Equity Index 46		
b Name of sponsor of entity listed in (a): Nationwide Life Insurance Co		
c EIN-PN 31-4156830 000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,495,137
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
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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
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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
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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
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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 Apple American Group LLC 401(k) Profit Sharing Plan and Trust	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 Apple American Group	D Employer Identification Number (EIN) 91-2115263	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	23,788	26,730
	(2) Participant contributions	1b(2)		194,641
	(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)	1,419,570	1,621,812
	(9) Value of interest in common/collective trusts	1c(9)		
	(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)	24,138,545	28,045,281
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	988,169	975,590
	(15) Other	1c(15)		

1d Employer-related investments:

(1) Employer securities.....

(2) Employer real property.....

1e Buildings and other property used in plan operation.....**1f** Total assets (add all amounts in lines 1a through 1e).....

	(a) Beginning of Year	(b) End of Year
1d(1)		
1d(2)		
1e		
1f	26,570,072	30,864,054

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

1g		
1h		
1i		
1j		
1k	0	0

Net Assets**1l** Net assets (subtract line 1k from line 1f).....

1l	26,570,072	30,864,054
-----------	------------	------------

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 Contributions:**

(1) Received or receivable in cash from: (A) Employers.....

(B) Participants.....

(C) Others (including rollovers).....

(2) Noncash contributions.....

(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....

	(a) Amount	(b) Total
2a(1)(A)	715,367	
2a(1)(B)	3,475,842	
2a(1)(C)	594,362	
2a(2)		
2a(3)		4,785,571

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....

(B) U.S. Government securities.....

(C) Corporate debt instruments.....

(D) Loans (other than to participants).....

(E) Participant loans.....

(F) Other.....

(G) Total interest. Add lines 2b(1)(A) through (F).....

(2) Dividends: (A) Preferred stock.....

(B) Common stock.....

(C) Registered investment company shares (e.g. mutual funds).....

(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....

(3) Rents.....

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....

(B) Aggregate carrying amount (see instructions).....

(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....

(B) Other.....

(C) Total unrealized appreciation of assets.

Add lines 2b(5)(A) and (B).....

2b(1)(A)		
2b(1)(B)		
2b(1)(C)		
2b(1)(D)		
2b(1)(E)	60,613	
2b(1)(F)		
2b(1)(G)		60,613
2b(2)(A)		
2b(2)(B)		
2b(2)(C)		
2b(2)(D)		0
2b(3)		
2b(4)(A)		
2b(4)(B)		
2b(4)(C)		0
2b(5)(A)		
2b(5)(B)		
2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		1,534,801
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6,380,985

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2,087,003	
(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)		2,087,003
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2,087,003

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4,293,982
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: Meaden & Moore, LTD

(2) EIN: 34-1818258

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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

A Name of plan <u>Apple American Group LLC 401(k) Profit Sharing Plan and Trust</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Apple American Group</u>	D Employer Identification Number (EIN) <u>91-2115263</u>

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): <u>31-4156830</u>		
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): _____

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) Apple American Group	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 91-2115263	
Number, street, and room or suite no. (If a P.O. box, see instructions) 6200 Oak Tree Blvd.	Social security number (SSN) (9 digits XXX-XX-XXXX)	
City or town, state, and ZIP code Independence OH 44131		
C Plan name Apple American Group LLC 401(k) Profit Sharing Plan and Trust	Plan number 0 0 1	Plan year ending – MM DD YYYY 12 31 2014

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10 / 15 / 2015 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax	►	a	
b	Enter the payment amount attached	►	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date	►	c	

5 **State in detail why you need the extension:**
AN EXTENSION OF TIME IS REQUESTED BECAUSE CERTAIN INFORMATION IS NOT CURRENTLY
AVAILABLE TO COMPLETE THE VALUATION NECESSARY FOR THE COMPLETION OF SUCH FORMS.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

APPLE AMERICAN GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

INDEX

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Apple American Group, LLC 401(k) Profit Sharing Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust, 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 years ended December 31, 2014 and 2013, 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 our audits. We conducted 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 5, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

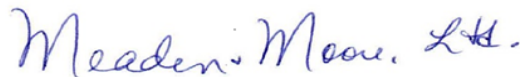
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

Report on Form and Content in Compliance with 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." with a stylized flourish at the end.

MEADEN & MOORE, LTD.
Cleveland, Ohio
October 13, 2015

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	December 31	
	<u>2014</u>	<u>2013</u>
ASSETS		
Receivable - Employer contributions	\$ 36,878	\$ 23,788
Receivable - Employee contributions	193,057	-
Notes receivable from participants	<u>1,649,167</u>	<u>1,419,570</u>
 Total Receivables	 1,879,102	 1,443,358
Investments at Fair Value:		
Mutual Funds	26,550,143	22,914,277
Common Collective Trust	<u>1,495,137</u>	<u>1,224,268</u>
 Investments at Fair Value	 28,045,280	 24,138,545
Investments at Contract Value:		
BOA Fixed Rate Fund	<u>975,590</u>	<u>988,169</u>
 Total Assets	 30,899,972	 26,570,072
LIABILITIES	<u>-</u>	<u>-</u>
 Net Assets Available for Benefits	 <u>\$ 30,899,972</u>	 <u>\$ 26,570,072</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	Year Ended December 31	
	<u>2014</u>	<u>2013</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 724,498	\$ 633,067
Employee	3,471,830	2,988,057
Rollover	<u>573,232</u>	<u>519,973</u>
	4,769,560	4,141,097
Investment Income:		
Interest income on notes receivable from participants	59,980	55,695
Net unrealized/realized appreciation	<u>1,569,767</u>	<u>4,121,089</u>
Total Investment Income	1,629,747	4,176,784
Deductions from Net Assets Attributed to:		
Benefits paid to participants	<u>2,069,407</u>	<u>1,910,980</u>
Net Increase	4,329,900	6,406,901
Net Assets Available for Benefits:		
Beginning of Year	<u>26,570,072</u>	<u>20,163,171</u>
End of Year	<u>\$ 30,899,972</u>	<u>\$ 26,570,072</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan

The following description of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 2001, is a defined contribution plan, which operates under various agreements between the Plan and Trust and Nationwide Life Insurance Company (Custodian). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 1, 2008 to comply with the Final 415 Regulations.

Participating Employers:

The following employers participate in the Plan: Apple American Group, LLC, Apple Ohio LLC, Apple Delaware LLC, Apple New Jersey LLC, Apple Northwest, LLC, Apple Indiana I LLC, Apple Indiana II LLC, Apple Indiana III LLC, Apple Norcal LLC, Apple Washington LLC, Apple Pennsylvania LLC, WineCountry Apple, LLC, BT Woodlipp, Inc., Apple SoCal, LLC (effective 2008), Apple Nevada, LLC (effective 2008), Apple Minnesota LLC (effective 2010), Apple New England LLC (effective 2011), Apple American Group II LLC (effective 2011), Apple Mid Cal, LLC (effective 2012), Apple Idaho, LLC (effective 2012), Apple Colorado, LLC (effective 2012), Apple New Mexico, LLC (effective 2012), Apple Oregon, LLC (effective 2012), Apple Georgia, LLC (effective 2012), Apple Washington II, LLC (effective 2012) and Apple Bama, LLC (effective 2012).

Eligibility:

Employees are eligible to participate in the Plan and elect a portion of their compensation to be contributed to the Plan the day after satisfying the following eligibility requirements:

- a. Attainment of age of twenty-one years
- b. Not being a highly compensated employee as defined by the Internal Revenue Service
- c. Not being a leased employee
- d. Not being an hourly restaurant employee (this does not include hourly managers in California)

Employees are eligible to share in employer matching and discretionary contributions after satisfying the eligibility requirements noted above and having completed one year of service.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company.

Employer Contributions - The Company may make matching contributions equal to 25% of the first 8% of the participant's salary reduction contribution.

The Company may also make additional discretionary contributions. Participants share in the discretionary contributions if they were employed on the last day of the Plan year. Such additional contributions, if any, shall be allocated to each participant in proportion to his or her compensation for the calendar year. There were no discretionary contributions in 2014 and 2013.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

401(k) Accounts - Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, earnings and losses thereon.

Vesting:

A participant's salary reduction contributions and rollover contributions are fully vested. Employer matching and discretionary contribution are vested as follows:

Years of Service	Vested %
1	0%
2	25%
3	50%
4	75%
5	100%

Former participants of Apple Northwest, LLC 401(k) Profit Sharing Plan use the following schedule:

Years of Service	Vested %
1	20%
2	40%
3	60%
4	80%
5	100%

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Forfeitures:

Forfeited non-vested accounts totaled \$7,987 and \$9,564 as of December 31, 2014 and 2013, respectively. Future employer contributions will be reduced by these amounts.

Notes Receivable from Participants:

Loans are valued at unpaid principal balance plus any accrued but unpaid interest. Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear a reasonable interest rate. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

Upon termination of service by reason of retirement, death or total and permanent disability, beneficiaries may elect to receive their retirement or death benefit as either a lump sum distribution or payments over a specified period of time.

Hardship Withdrawals:

Hardship withdrawals are permitted in accordance with Internal Revenue Service guidelines.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Valuation of Investments:

Investments (except for fully benefit-responsive contracts, which are recorded at contract value) are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Plan. The administrative fees, which are netted against earnings on the financial statement, amounted to \$129,271 and \$101,307 as of December 31, 2014 and 2013, respectively.

Plan Termination:

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

Risks and Uncertainties:

The Plan's investment include investments in mutual funds and collective funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events, Continued:

Subsequent events have been evaluated through October 13, 2015, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability
 - * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices and are classified as a Level 1.

Collective Investment Fund:

The fair value of the Collective Investment Fund is based on net asset value as calculated by dividing the total fair value of the assets of the Fund, less its liabilities, by the total number of units outstanding.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

3 Fair Value Measurements, Continued

Collective Investment Fund, Continued:

The Collective Investment Fund consists of separate Funds with differing investment objectives. The Funds hold investments in units of the Underlying Funds. The Funds sell new units and repurchase outstanding units on a daily basis. The Funds have the ability to redeem their investments in the portfolio funds at net asset value without restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 26,550,143	\$ -	\$ -	\$ 26,550,143
Collective Investment Fund	-	1,495,137	-	1,495,137
Total Investments at Fair Value	<u>\$ 26,550,143</u>	<u>\$ 1,495,137</u>	<u>\$ -</u>	<u>\$ 28,045,280</u>

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 22,914,277	\$ -	\$ -	\$ 22,914,277
Collective Investment Fund	-	1,224,268	-	1,224,268
Total Investments at Fair Value	<u>\$ 22,914,277</u>	<u>\$ 1,224,268</u>	<u>\$ -</u>	<u>\$ 24,138,545</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated August 19, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

5 Information Prepared and Certified by Custodian

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

	2014	2013
Investments	\$ 29,020,870	\$ 25,126,714
Notes receivable from participants	\$ 1,646,709	\$ 1,416,712
Interest income on notes receivable from participants	\$ 59,980	\$ 55,695
Net unrealized/realized appreciation	\$ 1,569,767	\$ 4,121,089

6 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company. These transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

7 Benefit Responsive Contract

The Plan holds a benefit-responsive insurance contract with Nationwide Life Insurance Company (Nationwide). The contract meets the fully benefit-responsive insurance contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's failure to qualify under Section 401(a) or Section 401(k) of the Internal Revenue Code, (2) the establishment of a defined contribution plan that competes with the Plan for employee contributions, (3) any substantive modification of the Plan or the administration of the Plan that is not consented to by the wrap issuer, (4) complete or partial termination of the Plan, (5) any change in law, regulation, or administrative ruling applicable to the Plan that could have a material adverse effect on a portfolio's cash flow, (6) merger or consolidation of the Plan with another plan, the transfer of assets to another plan, or the sale, spin-off or merger of a subsidiary or division of the plan sponsor, (7) any communication given to participants by the plan sponsor or any other plan fiduciary that is designed to induce or influence participants not to invest in a portfolio or to transfer assets out of a portfolio, (8) exclusion of a group of previously eligible employees from eligibility in the Plan, (9) any early retirement program, group termination, group layoff, facility closing, or similar program, and (10) any transfer of assets from a portfolio directly to a competing option. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants is probable.

The issuer may terminate the contract for cause at any time.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

8 Subsequent Event

Effective October 7, 2015, a new eligibility group will be added to the Plan in connection with the acquisition of Panera Bread bakery-cafes in Washington and northern California.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Alger Capital Appreciation Institutional Fund	Mutual Fund	N/A	\$ 22
	AllianzGI NFJ International Value Fund	Mutual Fund	N/A	145,543
	AllianzGI Technology Fund	Mutual Fund	N/A	159,925
	American Beacon Bridgeway Large Cap Value F	Mutual Fund	N/A	785
	American Funds American Balanced Fund R3	Mutual Fund	N/A	2,147
	American Funds American Balanced Fund R5	Mutual Fund	N/A	153,460
	American Funds American Balanced Fund R6	Mutual Fund	N/A	5,406,130
	American Funds American Century Income and C	Mutual Fund	N/A	15,245
	American Funds Capital Income Builder Fund R6	Mutual Fund	N/A	38,995
	American Funds EuroPacific Growth Fund R3	Mutual Fund	N/A	240,491
	American Funds EuroPacific Growth Fund R5	Mutual Fund	N/A	59,520
	American Funds EuroPacific Growth Fund R6	Mutual Fund	N/A	586,362
	American Funds Growth Fund of America R3	Mutual Fund	N/A	3,746
	American Funds Income Fund of America R3	Mutual Fund	N/A	181,719
	American Funds Income Fund of America R5	Mutual Fund	N/A	24,687
	American Funds Income Fund of America R6	Mutual Fund	N/A	728,997
	American Funds New World R6	Mutual Fund	N/A	36,539
	American Funds Washington Mutual R3	Mutual Fund	N/A	141
	American Funds Washington Mutual R6	Mutual Fund	N/A	263,627
	Baron Growth Fund	Mutual Fund	N/A	106
	Blackrock Health Sciences Opportunities Fund	Mutual Fund	N/A	140,548
	Blackrock High Yield Bond Fund	Mutual Fund	N/A	13
*	BOA Fixed Rate Fund	General Account	N/A	975,590
	Buffalo Flexible Income Fund	Mutual Fund	N/A	583
	Cambiar Aggressive Value Investor Fund	Mutual Fund	N/A	3,540
	Columbia Emerging Markets Bond Fund	Mutual Fund	N/A	8
	Davis Financial Fund	Mutual Fund	N/A	6,956
	Deutsche Global Infrastructure Fund	Mutual Fund	N/A	386
	Deutsche Mid Cap Value Fund	Mutual Fund	N/A	22
	DFA Global Real Estate Securities	Mutual Fund	N/A	28,718
	DFA Real Estate Securities	Mutual Fund	N/A	27
	DFA U.S. Small Cap Value Fund	Mutual Fund	N/A	6,856
	DFA U.S. Targeted Value	Mutual Fund	N/A	22
	Diamond Hill Small Cap Fund	Mutual Fund	N/A	463,741
	Dreyfus Appreciation Fund	Mutual Fund	N/A	22,829
	Eaton Vance Government Obligations Fund	Mutual Fund	N/A	32,270
	Eaton Vance Worldwide Health Sciences	Mutual Fund	N/A	66
	Federated Bond Fund	Mutual Fund	N/A	1,538,033
	Federated High Yield Trust Fund	Mutual Fund	N/A	373
	Fidelity Advisor Equity Income Fund	Mutual Fund	N/A	1,183
	Fidelity Advisor Growth Opportunity Fund	Mutual Fund	N/A	2,487
	Fidelity Advisor New Insights Fund	Mutual Fund	N/A	2,569,853
	FPA Crescent Fund	Mutual Fund	N/A	599
	Franklin Biotechnology Discovery Fund	Mutual Fund	N/A	21,645
	Franklin Small Cap Growth Fund	Mutual Fund	N/A	103,314
	Franklin Small-Mid Cap Growth Fund	Mutual Fund	N/A	1,094,049
	Franklin Utilities Fund	Mutual Fund	N/A	99,252
	Gateway Fund	Mutual Fund	N/A	118,725
	Goldman Sachs Income Builder Fund	Mutual Fund	N/A	585
	Goldman Sachs Strategic Income Fund	Mutual Fund	N/A	40,933
	INTECH U.S. Core Fund	Mutual Fund	N/A	394
	Invesco Growth and Income Fund	Mutual Fund	N/A	668,824
	Invesco Small Cap Growth Fund	Mutual Fund	N/A	681,358
	Ivy High Income Fund	Mutual Fund	N/A	367
	Ivy Real Estate Securities Fund	Mutual Fund	N/A	109,687
	Janus Twenty Fund	Mutual Fund	N/A	2,352,968
	JPMorgan Intrepid Growth Fund	Mutual Fund	N/A	2,408
	JPMorgan Small Cap Value Fund	Mutual Fund	N/A	79,787

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lazard Global Listed Infrastructure	Mutual Fund	N/A	389
*	Nationwide Government Bond Fund	Mutual Fund	N/A	649,431
*	Nationwide Money Market Fund	Mutual Fund	N/A	829,362
*	Nationwide S&P 500 Index Fund	Mutual Fund	N/A	88,150
	Neuberger Berman Genesis Trust Fund	Mutual Fund	N/A	1,230,919
	Oppenheimer Global Fund	Mutual Fund	N/A	1,550,539
	Oppenheimer Gold and Special Minerals Fund	Mutual Fund	N/A	133,066
	Oppenheimer International Bond Fund	Mutual Fund	N/A	3,705
	Oppenheimer Senior Floating Rate Fund	Mutual Fund	N/A	55,554
	Oppenheimer SteelPath MLP Income Fund	Mutual Fund	N/A	29,032
	PIMCO All Asset Fund	Mutual Fund	N/A	56,915
	PIMCO Emerging Markets Currency Fund	Mutual Fund	N/A	8
	PIMCO Income Fund	Mutual Fund	N/A	57,037
	PIMCO RAE Fundamental PLUS Fund	Mutual Fund	N/A	29,988
	PIMCO Real Return Fund	Mutual Fund	N/A	29,361
	Pioneer Bond Fund	Mutual Fund	N/A	80,658
	Pioneer Select Mid Cap Growth Fund	Mutual Fund	N/A	23,557
	Prudential Jennison Utility Fund	Mutual Fund	N/A	2,886
	RidgeWorth Aggressive Growth Stock Fund	Mutual Fund	N/A	16,725
	Rydex Biotechnology Fund	Mutual Fund	N/A	180
	Scout International Fund	Mutual Fund	N/A	67
	T. Rowe Price Capital Appreciation	Mutual Fund	N/A	612
	T. Rowe Price Health Sciences	Mutual Fund	N/A	3,343
	T. Rowe Price Mid-Cap Value Fund	Mutual Fund	N/A	1,827,854
	Templeton Foreign Fund	Mutual Fund	N/A	61,081
	Templeton Global Bond Fund	Mutual Fund	N/A	45,561
	Vanguard 500 Index Fund	Mutual Fund	N/A	21,666
	Vanguard Emerging Market Stock Index Fund	Mutual Fund	N/A	1,336
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/A	2,575
	Vanguard Total International Stock Index Fund	Mutual Fund	N/A	4,950
	Vanguard Total Stock Market Index Fund	Mutual Fund	N/A	16,786
	Vanguard Wellesley Income Fund	Mutual Fund	N/A	36,844
	Victory Fund for Income	Mutual Fund	N/A	184,825
	Wells Fargo Advantage Adjustable Rate Governn	Mutual Fund	N/A	6,695
	Wells Fargo Advantage Discovery Fund	Mutual Fund	N/A	126,298
	Wells Fargo Advantage Small Cap Value Fund	Mutual Fund	N/A	851,204
	Wells Fargo Advantage Special Mid Cap Value F	Mutual Fund	N/A	148,137
	Vanguard Equity Income Fund	Mutual Fund	N/A	101,251
	Wilmington Trust Equity 500 Index Fund	Collective Investment Fund	N/A	1,495,137
		Subtotal investments		29,020,870
*	Participant notes receivable	(interest at 4.25% to 5.75%)	N/A	1,649,167
				<u>\$ 30,670,037</u>

* Party-in-interest to the Plan.

APPLE AMERICAN GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Apple American Group, LLC 401(k) Profit Sharing Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust, 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 years ended December 31, 2014 and 2013, 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 our audits. We conducted 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 5, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

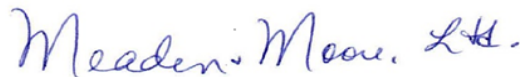
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

Report on Form and Content in Compliance with 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." with a stylized flourish at the end.

MEADEN & MOORE, LTD.
Cleveland, Ohio
October 13, 2015

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	December 31	
	<u>2014</u>	<u>2013</u>
ASSETS		
Receivable - Employer contributions	\$ 36,878	\$ 23,788
Receivable - Employee contributions	193,057	-
Notes receivable from participants	<u>1,649,167</u>	<u>1,419,570</u>
 Total Receivables	 1,879,102	 1,443,358
Investments at Fair Value:		
Mutual Funds	26,550,143	22,914,277
Common Collective Trust	<u>1,495,137</u>	<u>1,224,268</u>
 Investments at Fair Value	 28,045,280	 24,138,545
Investments at Contract Value:		
BOA Fixed Rate Fund	<u>975,590</u>	<u>988,169</u>
 Total Assets	 30,899,972	 26,570,072
LIABILITIES	<u>-</u>	<u>-</u>
 Net Assets Available for Benefits	 <u>\$ 30,899,972</u>	 <u>\$ 26,570,072</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

	Year Ended December 31	
	<u>2014</u>	<u>2013</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 724,498	\$ 633,067
Employee	3,471,830	2,988,057
Rollover	<u>573,232</u>	<u>519,973</u>
	4,769,560	4,141,097
Investment Income:		
Interest income on notes receivable from participants	59,980	55,695
Net unrealized/realized appreciation	<u>1,569,767</u>	<u>4,121,089</u>
Total Investment Income	1,629,747	4,176,784
Deductions from Net Assets Attributed to:		
Benefits paid to participants	<u>2,069,407</u>	<u>1,910,980</u>
Net Increase	4,329,900	6,406,901
Net Assets Available for Benefits:		
Beginning of Year	<u>26,570,072</u>	<u>20,163,171</u>
End of Year	<u>\$ 30,899,972</u>	<u>\$ 26,570,072</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan

The following description of Apple American Group, LLC 401(k) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 2001, is a defined contribution plan, which operates under various agreements between the Plan and Trust and Nationwide Life Insurance Company (Custodian). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 1, 2008 to comply with the Final 415 Regulations.

Participating Employers:

The following employers participate in the Plan: Apple American Group, LLC, Apple Ohio LLC, Apple Delaware LLC, Apple New Jersey LLC, Apple Northwest, LLC, Apple Indiana I LLC, Apple Indiana II LLC, Apple Indiana III LLC, Apple Norcal LLC, Apple Washington LLC, Apple Pennsylvania LLC, WineCountry Apple, LLC, BT Woodlipp, Inc., Apple SoCal, LLC (effective 2008), Apple Nevada, LLC (effective 2008), Apple Minnesota LLC (effective 2010), Apple New England LLC (effective 2011), Apple American Group II LLC (effective 2011), Apple Mid Cal, LLC (effective 2012), Apple Idaho, LLC (effective 2012), Apple Colorado, LLC (effective 2012), Apple New Mexico, LLC (effective 2012), Apple Oregon, LLC (effective 2012), Apple Georgia, LLC (effective 2012), Apple Washington II, LLC (effective 2012) and Apple Bama, LLC (effective 2012).

Eligibility:

Employees are eligible to participate in the Plan and elect a portion of their compensation to be contributed to the Plan the day after satisfying the following eligibility requirements:

- a. Attainment of age of twenty-one years
- b. Not being a highly compensated employee as defined by the Internal Revenue Service
- c. Not being a leased employee
- d. Not being an hourly restaurant employee (this does not include hourly managers in California)

Employees are eligible to share in employer matching and discretionary contributions after satisfying the eligibility requirements noted above and having completed one year of service.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Contributions:

Cash or Deferred Option [401(k)] - Participants may elect a portion of their compensation to be contributed to the Plan by the Company.

Employer Contributions - The Company may make matching contributions equal to 25% of the first 8% of the participant's salary reduction contribution.

The Company may also make additional discretionary contributions. Participants share in the discretionary contributions if they were employed on the last day of the Plan year. Such additional contributions, if any, shall be allocated to each participant in proportion to his or her compensation for the calendar year. There were no discretionary contributions in 2014 and 2013.

Rollover contributions from other Plans are also accepted, providing certain specified conditions are met.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

401(k) Accounts - Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, earnings and losses thereon.

Vesting:

A participant's salary reduction contributions and rollover contributions are fully vested. Employer matching and discretionary contribution are vested as follows:

Years of Service	Vested %
1	0%
2	25%
3	50%
4	75%
5	100%

Former participants of Apple Northwest, LLC 401(k) Profit Sharing Plan use the following schedule:

Years of Service	Vested %
1	20%
2	40%
3	60%
4	80%
5	100%

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

1 Description of Plan, Continued

Forfeitures:

Forfeited non-vested accounts totaled \$7,987 and \$9,564 as of December 31, 2014 and 2013, respectively. Future employer contributions will be reduced by these amounts.

Notes Receivable from Participants:

Loans are valued at unpaid principal balance plus any accrued but unpaid interest. Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear a reasonable interest rate. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

Upon termination of service by reason of retirement, death or total and permanent disability, beneficiaries may elect to receive their retirement or death benefit as either a lump sum distribution or payments over a specified period of time.

Hardship Withdrawals:

Hardship withdrawals are permitted in accordance with Internal Revenue Service guidelines.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Valuation of Investments:

Investments (except for fully benefit-responsive contracts, which are recorded at contract value) are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Plan. The administrative fees, which are netted against earnings on the financial statement, amounted to \$129,271 and \$101,307 as of December 31, 2014 and 2013, respectively.

Plan Termination:

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

Risks and Uncertainties:

The Plan's investment include investments in mutual funds and collective funds holding investment contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events, Continued:

Subsequent events have been evaluated through October 13, 2015, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability
 - * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices and are classified as a Level 1.

Collective Investment Fund:

The fair value of the Collective Investment Fund is based on net asset value as calculated by dividing the total fair value of the assets of the Fund, less its liabilities, by the total number of units outstanding.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

3 Fair Value Measurements, Continued

Collective Investment Fund, Continued:

The Collective Investment Fund consists of separate Funds with differing investment objectives. The Funds hold investments in units of the Underlying Funds. The Funds sell new units and repurchase outstanding units on a daily basis. The Funds have the ability to redeem their investments in the portfolio funds at net asset value without restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 26,550,143	\$ -	\$ -	\$ 26,550,143
Collective Investment Fund	-	1,495,137	-	1,495,137
Total Investments at Fair Value	<u>\$ 26,550,143</u>	<u>\$ 1,495,137</u>	<u>\$ -</u>	<u>\$ 28,045,280</u>

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 22,914,277	\$ -	\$ -	\$ 22,914,277
Collective Investment Fund	-	1,224,268	-	1,224,268
Total Investments at Fair Value	<u>\$ 22,914,277</u>	<u>\$ 1,224,268</u>	<u>\$ -</u>	<u>\$ 24,138,545</u>

4 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated August 19, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

5 Information Prepared and Certified by Custodian

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

	2014	2013
Investments	\$ 29,020,870	\$ 25,126,714
Notes receivable from participants	\$ 1,646,709	\$ 1,416,712
Interest income on notes receivable from participants	\$ 59,980	\$ 55,695
Net unrealized/realized appreciation	\$ 1,569,767	\$ 4,121,089

6 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company. These transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

7 Benefit Responsive Contract

The Plan holds a benefit-responsive insurance contract with Nationwide Life Insurance Company (Nationwide). The contract meets the fully benefit-responsive insurance contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's failure to qualify under Section 401(a) or Section 401(k) of the Internal Revenue Code, (2) the establishment of a defined contribution plan that competes with the Plan for employee contributions, (3) any substantive modification of the Plan or the administration of the Plan that is not consented to by the wrap issuer, (4) complete or partial termination of the Plan, (5) any change in law, regulation, or administrative ruling applicable to the Plan that could have a material adverse effect on a portfolio's cash flow, (6) merger or consolidation of the Plan with another plan, the transfer of assets to another plan, or the sale, spin-off or merger of a subsidiary or division of the plan sponsor, (7) any communication given to participants by the plan sponsor or any other plan fiduciary that is designed to induce or influence participants not to invest in a portfolio or to transfer assets out of a portfolio, (8) exclusion of a group of previously eligible employees from eligibility in the Plan, (9) any early retirement program, group termination, group layoff, facility closing, or similar program, and (10) any transfer of assets from a portfolio directly to a competing option. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants is probable.

The issuer may terminate the contract for cause at any time.

NOTES TO FINANCIAL STATEMENTS

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

8 Subsequent Event

Effective October 7, 2015, a new eligibility group will be added to the Plan in connection with the acquisition of Panera Bread bakery-cafes in Washington and northern California.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Alger Capital Appreciation Institutional Fund	Mutual Fund	N/A	\$ 22
	AllianzGI NFJ International Value Fund	Mutual Fund	N/A	145,543
	AllianzGI Technology Fund	Mutual Fund	N/A	159,925
	American Beacon Bridgeway Large Cap Value F	Mutual Fund	N/A	785
	American Funds American Balanced Fund R3	Mutual Fund	N/A	2,147
	American Funds American Balanced Fund R5	Mutual Fund	N/A	153,460
	American Funds American Balanced Fund R6	Mutual Fund	N/A	5,406,130
	American Funds American Century Income and C	Mutual Fund	N/A	15,245
	American Funds Capital Income Builder Fund R6	Mutual Fund	N/A	38,995
	American Funds EuroPacific Growth Fund R3	Mutual Fund	N/A	240,491
	American Funds EuroPacific Growth Fund R5	Mutual Fund	N/A	59,520
	American Funds EuroPacific Growth Fund R6	Mutual Fund	N/A	586,362
	American Funds Growth Fund of America R3	Mutual Fund	N/A	3,746
	American Funds Income Fund of America R3	Mutual Fund	N/A	181,719
	American Funds Income Fund of America R5	Mutual Fund	N/A	24,687
	American Funds Income Fund of America R6	Mutual Fund	N/A	728,997
	American Funds New World R6	Mutual Fund	N/A	36,539
	American Funds Washington Mutual R3	Mutual Fund	N/A	141
	American Funds Washington Mutual R6	Mutual Fund	N/A	263,627
	Baron Growth Fund	Mutual Fund	N/A	106
	Blackrock Health Sciences Opportunities Fund	Mutual Fund	N/A	140,548
	Blackrock High Yield Bond Fund	Mutual Fund	N/A	13
*	BOA Fixed Rate Fund	General Account	N/A	975,590
	Buffalo Flexible Income Fund	Mutual Fund	N/A	583
	Cambiar Aggressive Value Investor Fund	Mutual Fund	N/A	3,540
	Columbia Emerging Markets Bond Fund	Mutual Fund	N/A	8
	Davis Financial Fund	Mutual Fund	N/A	6,956
	Deutsche Global Infrastructure Fund	Mutual Fund	N/A	386
	Deutsche Mid Cap Value Fund	Mutual Fund	N/A	22
	DFA Global Real Estate Securities	Mutual Fund	N/A	28,718
	DFA Real Estate Securities	Mutual Fund	N/A	27
	DFA U.S. Small Cap Value Fund	Mutual Fund	N/A	6,856
	DFA U.S. Targeted Value	Mutual Fund	N/A	22
	Diamond Hill Small Cap Fund	Mutual Fund	N/A	463,741
	Dreyfus Appreciation Fund	Mutual Fund	N/A	22,829
	Eaton Vance Government Obligations Fund	Mutual Fund	N/A	32,270
	Eaton Vance Worldwide Health Sciences	Mutual Fund	N/A	66
	Federated Bond Fund	Mutual Fund	N/A	1,538,033
	Federated High Yield Trust Fund	Mutual Fund	N/A	373
	Fidelity Advisor Equity Income Fund	Mutual Fund	N/A	1,183
	Fidelity Advisor Growth Opportunity Fund	Mutual Fund	N/A	2,487
	Fidelity Advisor New Insights Fund	Mutual Fund	N/A	2,569,853
	FPA Crescent Fund	Mutual Fund	N/A	599
	Franklin Biotechnology Discovery Fund	Mutual Fund	N/A	21,645
	Franklin Small Cap Growth Fund	Mutual Fund	N/A	103,314
	Franklin Small-Mid Cap Growth Fund	Mutual Fund	N/A	1,094,049
	Franklin Utilities Fund	Mutual Fund	N/A	99,252
	Gateway Fund	Mutual Fund	N/A	118,725
	Goldman Sachs Income Builder Fund	Mutual Fund	N/A	585
	Goldman Sachs Strategic Income Fund	Mutual Fund	N/A	40,933
	INTECH U.S. Core Fund	Mutual Fund	N/A	394
	Invesco Growth and Income Fund	Mutual Fund	N/A	668,824
	Invesco Small Cap Growth Fund	Mutual Fund	N/A	681,358
	Ivy High Income Fund	Mutual Fund	N/A	367
	Ivy Real Estate Securities Fund	Mutual Fund	N/A	109,687
	Janus Twenty Fund	Mutual Fund	N/A	2,352,968
	JPMorgan Intrepid Growth Fund	Mutual Fund	N/A	2,408
	JPMorgan Small Cap Value Fund	Mutual Fund	N/A	79,787

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Apple American Group, LLC 401(k) Profit Sharing Plan and Trust

EIN 91-2115263
Plan Number 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lazard Global Listed Infrastructure	Mutual Fund	N/A	389
*	Nationwide Government Bond Fund	Mutual Fund	N/A	649,431
*	Nationwide Money Market Fund	Mutual Fund	N/A	829,362
*	Nationwide S&P 500 Index Fund	Mutual Fund	N/A	88,150
	Neuberger Berman Genesis Trust Fund	Mutual Fund	N/A	1,230,919
	Oppenheimer Global Fund	Mutual Fund	N/A	1,550,539
	Oppenheimer Gold and Special Minerals Fund	Mutual Fund	N/A	133,066
	Oppenheimer International Bond Fund	Mutual Fund	N/A	3,705
	Oppenheimer Senior Floating Rate Fund	Mutual Fund	N/A	55,554
	Oppenheimer SteelPath MLP Income Fund	Mutual Fund	N/A	29,032
	PIMCO All Asset Fund	Mutual Fund	N/A	56,915
	PIMCO Emerging Markets Currency Fund	Mutual Fund	N/A	8
	PIMCO Income Fund	Mutual Fund	N/A	57,037
	PIMCO RAE Fundamental PLUS Fund	Mutual Fund	N/A	29,988
	PIMCO Real Return Fund	Mutual Fund	N/A	29,361
	Pioneer Bond Fund	Mutual Fund	N/A	80,658
	Pioneer Select Mid Cap Growth Fund	Mutual Fund	N/A	23,557
	Prudential Jennison Utility Fund	Mutual Fund	N/A	2,886
	RidgeWorth Aggressive Growth Stock Fund	Mutual Fund	N/A	16,725
	Rydex Biotechnology Fund	Mutual Fund	N/A	180
	Scout International Fund	Mutual Fund	N/A	67
	T. Rowe Price Capital Appreciation	Mutual Fund	N/A	612
	T. Rowe Price Health Sciences	Mutual Fund	N/A	3,343
	T. Rowe Price Mid-Cap Value Fund	Mutual Fund	N/A	1,827,854
	Templeton Foreign Fund	Mutual Fund	N/A	61,081
	Templeton Global Bond Fund	Mutual Fund	N/A	45,561
	Vanguard 500 Index Fund	Mutual Fund	N/A	21,666
	Vanguard Emerging Market Stock Index Fund	Mutual Fund	N/A	1,336
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/A	2,575
	Vanguard Total International Stock Index Fund	Mutual Fund	N/A	4,950
	Vanguard Total Stock Market Index Fund	Mutual Fund	N/A	16,786
	Vanguard Wellesley Income Fund	Mutual Fund	N/A	36,844
	Victory Fund for Income	Mutual Fund	N/A	184,825
	Wells Fargo Advantage Adjustable Rate Governn	Mutual Fund	N/A	6,695
	Wells Fargo Advantage Discovery Fund	Mutual Fund	N/A	126,298
	Wells Fargo Advantage Small Cap Value Fund	Mutual Fund	N/A	851,204
	Wells Fargo Advantage Special Mid Cap Value F	Mutual Fund	N/A	148,137
	Vanguard Equity Income Fund	Mutual Fund	N/A	101,251
	Wilmington Trust Equity 500 Index Fund	Collective Investment Fund	N/A	1,495,137
		Subtotal investments		29,020,870
*	Participant notes receivable	(interest at 4.25% to 5.75%)	N/A	1,649,167
				<u>\$ 30,670,037</u>

* Party-in-interest to the Plan.