

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1990</u></td> </tr> </table>                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>07/01/1990</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                           | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1990</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>A PLUS BENEFITS, INC.</u><br><br><u>395 WEST 600 NORTH</u><br><u>LONDON, UT 84042-1330</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>87-0476353</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>800-748-5102</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>524210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>87-0476353</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>800-748-5102</u> | <b>2d</b> Business code (see instructions)<br><u>524210</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>87-0476353</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>800-748-5102</u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>524210</u>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2015 | STEVE ANDERSON                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2015 | RICHARD BARTHOLOMEW                                          |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                  |                                     |                                                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                         |                                     | <b>3b</b> Administrator's EIN                             |                                     |
|                                                                                                                                                                                                  |                                     | <b>3c</b> Administrator's telephone number                |                                     |
|                                                                                                                                                                                                  |                                     |                                                           |                                     |
| <b>4</b> 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:           |                                     | <b>4b</b> EIN                                             |                                     |
| <b>a</b> Sponsor's name                                                                                                                                                                          |                                     | <b>4c</b> PN                                              |                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          |                                     | <b>5</b>                                                  | 5548                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |                                     |                                                           |                                     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          |                                     | <b>6a(1)</b>                                              | 5548                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |                                     | <b>6a(2)</b>                                              | 4791                                |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |                                     | <b>6b</b>                                                 | 189                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |                                     | <b>6c</b>                                                 | 194                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |                                     | <b>6d</b>                                                 | 5174                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |                                     | <b>6e</b>                                                 | 0                                   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |                                     | <b>6f</b>                                                 | 5174                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  |                                     | <b>6g</b>                                                 | 1468                                |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                       |                                     | <b>6h</b>                                                 | 55                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                              |                                     | <b>7</b>                                                  |                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2J   2K   2G   2E   2F   2A      |                                     |                                                           |                                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                      |                                     |                                                           |                                     |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                        |                                     | <b>9b</b> Plan benefit arrangement (check all that apply) |                                     |
| (1)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (1)                                                       | <input checked="" type="checkbox"/> |
| Insurance                                                                                                                                                                                        |                                     | Insurance                                                 |                                     |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | (2)                                                       | <input type="checkbox"/>            |
| Code section 412(e)(3) insurance contracts                                                                                                                                                       |                                     | Code section 412(e)(3) insurance contracts                |                                     |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (3)                                                       | <input checked="" type="checkbox"/> |
| Trust                                                                                                                                                                                            |                                     | Trust                                                     |                                     |
| (4)                                                                                                                                                                                              | <input type="checkbox"/>            | (4)                                                       | <input type="checkbox"/>            |
| General assets of the sponsor                                                                                                                                                                    |                                     | General assets of the sponsor                             |                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                |                                     |                                                           |                                     |
| <b>a Pension Schedules</b>                                                                                                                                                                       |                                     | <b>b General Schedules</b>                                |                                     |
| (1)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (1)                                                       | <input checked="" type="checkbox"/> |
| <b>R</b> (Retirement Plan Information)                                                                                                                                                           |                                     | <b>H</b> (Financial Information)                          |                                     |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | (2)                                                       | <input type="checkbox"/>            |
| <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                |                                     | <b>I</b> (Financial Information – Small Plan)             |                                     |
| (3)                                                                                                                                                                                              | <input type="checkbox"/>            | (3)                                                       | <input checked="" type="checkbox"/> |
| <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                              |                                     | <b>A</b> (Insurance Information)                          |                                     |
|                                                                                                                                                                                                  |                                     | (4)                                                       | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                  |                                     | (5)                                                       | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                  |                                     | (6)                                                       | <input type="checkbox"/>            |
|                                                                                                                                                                                                  |                                     |                                                           | <input type="checkbox"/>            |

**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 \_\_\_\_\_

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

|                                                                                        |                                                             |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>A PLUS BENEFITS, INC. | <b>D</b> Employer Identification Number (EIN)<br>87-0476353 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| (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     |
| 87-0476353 | 70688         | 932319                                |                                                                             | 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.

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                       |          |          |
|-------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 2240676  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....  | <b>5</b> | 44013999 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year..... | <b>7b</b> | 2524797 |
|-------------------------------------------------------|-----------|---------|

|                                                                                     |              |        |  |
|-------------------------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year.....                | <b>7c(1)</b> | 225270 |  |
| (2) Dividends and credits .....                                                     | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                                         | <b>7c(3)</b> | 16660  |  |
| (4) Transferred from separate account.....                                          | <b>7c(4)</b> | 630723 |  |
| (5) Other (specify below) .....                                                     | <b>7c(5)</b> | 260035 |  |
| ▶ EBA CREDITS 229,713 FORFEITED AMOUNT 4,280.05 LOAN INT 3,978.22 AND PRINC 22,063. |              |        |  |

|                          |              |         |
|--------------------------|--------------|---------|
| (6) Total additions..... | <b>7c(6)</b> | 1132688 |
|--------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 3657485 |
|---------------------------------------------------------------------------------------|-----------|---------|

|                                                                                                        |              |        |  |
|--------------------------------------------------------------------------------------------------------|--------------|--------|--|
| <b>e</b> Deductions:                                                                                   |              |        |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> | 875476 |  |
| (2) Administration charge made by carrier .....                                                        | <b>7e(2)</b> | 12845  |  |
| (3) Transferred to separate account.....                                                               | <b>7e(3)</b> | 279605 |  |
| (4) Other (specify below) .....                                                                        | <b>7e(4)</b> | 248883 |  |
| ▶ ADMIN FEE AND EBA WITHDRAWALS FORFEITURE CREDITS AND WITHDRAWALS OVERNIGHT CHECK FEE SPONSOR FEE TPA |              |        |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (5) Total deductions..... | <b>7e(5)</b> | 1416809 |
|---------------------------|--------------|---------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 2240676 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN                         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>A PLUS BENEFITS, INC.            | D Employer Identification Number (EIN)<br>87-0476353 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA FINANCIAL LIFE INSURAN                                                                        |

36-6071399

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| (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

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**(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

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**(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

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**(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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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)

KRISTICO, LLC

27-3556108

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 26                               | INVESTMENT<br>ADVISORY-PARTI                                                                                         | 235909                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 15 37 64                         | THIRD PARTY<br>ADMINISTRATOR                                                                                         | 78247                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 2404                                                                                                                                                                                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

TRANSAMERICA FINANCIAL LIFE INSUR

36-6071399

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 15 37 52 62<br>64 67             | RECORDKEEPER                                                                                                         | 69439                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

**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)

A PLUS

87-0476353

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMINISTRATOR                                                                                | 2800                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL BENEFIT SERVICES, LLC                                      | 15 37 64                                                                                                                                                           | 2404                                      |
|                                                                     |                                                                                                                                                                    |                                           |
| (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. |                                           |
| TRANSAMERICA FINANCIAL LIFE INSURAN<br><br>36-6071399               | THIRD PARTY ADMINISTRATION                                                                                                                                         |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

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

|                                                                                                      |                                                                            |            |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>A PLUS BENEFITS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>87-0476353</u>         |            |

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

|                                                                                                        |                               |                                                                                                                                                      |  |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET ACCT</u>                   |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-305</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>902002</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH OPPORTUNITIES</u>              |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-306</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>      |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BALANCED RET ACCT</u>                          |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-310</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>643063</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA PARTNERS HIGH YIELD BO</u>              |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-102</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>179331</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA PARTNERS STOCK INDEX R</u>              |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-139</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>603126</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&amp;P MID CAP INDEX RET ACCT</u>              |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-438</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>290447</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL SMALL CAP VALUE INDEX</u>               |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>36-6071399-355</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>24557</u></span>  |  |  |

|                                                                                                 |                        |                                                                                                     |        |
|-------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-076                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 583115 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-094                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 284971 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMALL/MID CAP VALUE RE              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-124                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 267280 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REIT INDEX RET ACCT                     |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-130                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 318584 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT                |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-132                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 208592 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX R              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-166                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 144496 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RET ACC              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-169                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 391862 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE INDEX               |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-171                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 84980  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH INDEX              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-172                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 97798  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH INDEX              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-173                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 182320 |

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|-------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED RET ACCT                          |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-227                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 174606 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET ACCT               |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-236                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 253072 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET               |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-255                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 37409  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT                      |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-263                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY RET ACCT                |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-267                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 495880 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RESOURC              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-268                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 321682 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON UTILITY RET ACC              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-269                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 247816 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-272                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 159925 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTERNATIONAL RET AC              |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-321                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 164152 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DELAFIELD RET ACCT                               |                        |                                                                                                     |        |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                     |        |
| <b>c</b> EIN-PN 36-6071399-322                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0      |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH MID-CAP VALUE EQUITY RET              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-339                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 591862  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET ACCT                |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-348                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236891  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT                   |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-350                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147392  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2015 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-414                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207495  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2020 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-415                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386398  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2025 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-434                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1819316 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2030 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-435                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1116641 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2035 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-436                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1096750 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2040 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-361                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1167597 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2045 RE              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 36-6071399-362                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 501215  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN CENTURY ONE CHOICE 2050 RE</a>              |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-363</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">412786</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN CENTURY ONE CHOICE INCOME</a>               |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-364</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">56776</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">BLACKROCK HEALTH SCIENCES OPS RET A</a>              |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-365</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">885635</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MANNING &amp; NAPIER PRO-MIX CONSERVATI</a>          |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-385</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">1580932</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MANNING &amp; NAPIER PRO-MIX EXTENDED T</a>          |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-386</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">17142300</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MANNING &amp; NAPIER PRO-MIX MAXIMUM TE</a>          |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-387</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">2547014</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MANNING &amp; NAPIER PRO-MIX MODERATE T</a>          |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-388</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">2931256</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MFS MASSACHUSETTS INVESTORS RET ACC</a>              |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-470</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">785634</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIONEER STRATEGIC INCOME RET ACCT</a>                |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-474</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">177472</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">RIDGEWORTH LARGE CAP VALUE EQUITY R</a>              |                                        |                                                                                                     |                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                     |                          |
| <b>c</b> EIN-PN <a href="#">36-6071399-477</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <a href="#">965054</a>   |

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|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD LIFESTRATEGY CONSERVATIVE</a>               |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-501</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">81363</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD LIFESTRATEGY GROWTH RET AC</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-502</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">280486</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD LIFESTRATEGY INCOME RET AC</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-503</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">16009</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD LIFESTRATEGY MODERATE GROW</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-504</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">113299</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">CLEARBRIDGE SMALL CAP GROWTH RET AC</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-380</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">190236</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LORD ABBETT FUNDAMENTAL EQUITY RET</a>               |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-383</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">25199</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">JPMORGAN EXTENDED DURATION RET ACCT</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-522</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">331150</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALLIANCEBERNSTEIN HIGH INCOME RET A</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-508</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">372743</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRUDENTIAL JENNISON MID CAP GROWTH</a>               |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-542</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">434056</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">THORNBURG INVESTMENT INCOME BUILDER</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">36-6071399-544</a>                                                                  | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">56382</a>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO ADVANTAGE DISCOVERY RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>36-6071399-546</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>187570</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO AMERICAN VALUE RET ACCT****b** Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>36-6071399-575</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32879</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY ONE CHOICE 2055 PO****b** Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>36-6071399-624</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>19077</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>A PLUS BENEFITS, INC.</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>87-0476353</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    | 1182727               | 850150          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 46127968              | 44013998        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 3142136               | 2240676         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 50452831              | 47104824        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 50452831 | 47104824 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1825799    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4444747    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 967082     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 7237628   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 73050      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 73050     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 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)  |            | 4674802   |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11985480  |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 13534706 |          |
| (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) |          | 13534706 |
| f Corrective distributions (see instructions).....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 13557    |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 80651    |          |
| (2) Contract administrator fees.....                                                | 2i(2) | 69439    |          |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 235909   |          |
| (4) Other.....                                                                      | 2i(4) | 2800     |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 388799   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 13937062 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -1951582 |
| l Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                   | 2l(1) |  | 895166   |
| (2) From this plan.....                                 | 2l(2) |  | 2291591  |

**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: KEDDINGTON & CHRISTENSEN

(2) EIN: 45-4186798

**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   |    | 5778   |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> 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) |
|----------------------------------------------------|--------------|-------------|
| INSPIRITY 401(K) PLAN                              | 76-0178498   | 001         |
| THE SYNERGY COMPANY 401(K) PLAN                    | 87-0497272   | 001         |
| BRAND MAKERS PROMOTIONAL PRODUCTS, LLC 401(K) PLAN | 26-3316647   | 001         |
| G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN   | 42-1591320   | 002         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|--------------------------------------------------------|--------------|-------------|
| ALPINE FAMILY MEDICINE, LLC 401(K) PROFIT SHARING PLAN | 26-2653132   | 001         |
| ACADEMIA WEST 401(K) PLAN                              | 33-1064293   | 001         |
| MOUNTAIN STATES PROPERTY MANAGEMENT 401(K) PLAN        | 87-0334034   | 001         |
|                                                        |              |             |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>A PLUS BENEFITS, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>A PLUS BENEFITS, INC.                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>87-0476353                                            |
| 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):<br><br>EIN(s): 36-6071399                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**A PLUS BENEFITS, INC.  
401 (k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**For The Years Ended December 31, 2014 and 2013**

**Together with Independent Auditor's Report**



**Keddington & Christensen, LLC**  

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**Certified Public Accountants**

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**TABLE OF CONTENTS**

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Independent Auditor's Report .....                             | 1           |
| Statements of Net Assets Available for Benefits.....           | 3           |
| Statement of Changes in Net Assets Available for Benefits..... | 4           |
| Notes to Financial Statements .....                            | 5           |
| Supplemental Schedules                                         |             |
| Schedule of Assets Held at End of Year .....                   | 14          |
| Schedule of Delinquent Participant Contributions.....          | 16          |



**Keddington & Christensen, LLC**  
Certified Public Accountants

---

Gary K. Keddington, CPA  
Phyl R. Warnock, CPA  
Marcus K. Arbuckle

## **INDEPENDENT AUDITOR'S REPORT**

To the Trustees  
A Plus Benefits, Inc.  
401 (k) Profit Sharing Plan  
Lindon, Utah

We have audited the accompanying financial statements of the A Plus Benefits, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended December 31, 2014, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements (modified cash basis) and supplemental schedule (modified cash basis). 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 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 the financial statements referred to in the first paragraph.

**Other Matter-Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to this matter.

**Other Matter-Supplemental Schedules**

The supplemental schedules (modified cash basis), as listed in the index, as of the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 the supplemental schedules referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules referred to above, 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.

*Keddington & Christensen, LLC*

October 14, 2015

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**(MODIFIED CASH BASIS)**  
**December 31, 2014 and 2013**

|                                          | <u>2014</u>                 | <u>2013</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                            |                             |                             |
| Investments at fair value:               |                             |                             |
| Pooled separate accounts                 | \$ 43,957,895               | \$ 46,127,969               |
| Stable value fund                        | <u>2,184,573</u>            | <u>3,142,135</u>            |
| Total investments                        | 46,142,468                  | 49,270,104                  |
| Participant loans receivable             | <u>850,151</u>              | <u>1,182,729</u>            |
| <b>Net Assets Available For Benefits</b> | <u><u>\$ 46,992,619</u></u> | <u><u>\$ 50,452,833</u></u> |

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

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**(MODIFIED CASH BASIS)**  
**For The Year Ended December 31, 2014**

|                                                              | <u><b>2014</b></u>          |
|--------------------------------------------------------------|-----------------------------|
| <b>Additions</b>                                             |                             |
| Additions to net assets attributed to:                       |                             |
| Investment income                                            |                             |
| Net appreciation/(depreciation) in fair value of investments | \$ 2,366,746                |
| Interest                                                     | <u>52,412</u>               |
|                                                              | <u>2,419,158</u>            |
| Contributions                                                |                             |
| Employee, salary reduction - 401k                            | 4,444,747                   |
| Employer, company matching                                   | 1,825,799                   |
| Employee rollovers                                           | <u>967,083</u>              |
| Total contributions                                          | <u>7,237,629</u>            |
| Conversions in                                               | <u>895,166</u>              |
| <b>Total additions</b>                                       | <b>10,551,953</b>           |
| <b>Deductions</b>                                            |                             |
| Deductions from net assets attributed to:                    |                             |
| Benefits paid to participants                                | 4,179,699                   |
| Coinversions out                                             | 9,403,917                   |
| Administrative expenses                                      | <u>428,551</u>              |
| <b>Total deductions</b>                                      | <u>14,012,167</u>           |
| <b>Net increase</b>                                          | <b>(3,460,214)</b>          |
| <b>Net Assets Available For Benefits</b>                     |                             |
| Beginning of year                                            | <u>50,452,833</u>           |
| <b>End of year</b>                                           | <u><u>\$ 46,992,619</u></u> |

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

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of the A Plus Benefits, Inc. 401 (k) Profit Sharing Plan (the Plan) provides only general information regarding the Plan in place as of December 31, 2014. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan. Each employer may choose from nine available plan options or may make slight modifications to those plans. An employee must be 18 years of age to participate in these plans. Length of service ranges from none to one year with a minimum of 1,000 hours of service worked. All administrative fees are earned by the third party administrators. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During 2009 the IRS finalized regulations regarding the Pension Protection Act of 2006 and the Plan was restated to be in compliance with this act.

Contributions

Participants may elect to defer up to 100% of their salaries or the maximum amount allowed by the IRS, whichever is less. The maximum allowed by the IRS was \$17,500 (\$23,000 for participants age 50 or older), for both of the years ended December 31, 2014 and 2013, respectively. Employers match from 0% to 100% of participants' contributions, but not to exceed 4% of total wages.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting schedules are either immediate 100% vesting or 20% per year for six years starting in year two. Vesting applies to the employer match portion of the contribution.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, the Plan administrator may permit a participant whose vested aggregate account balance is \$20,000 or less to borrow an amount that does not exceed the lesser of \$10,000 or 100% of the participant's vested aggregate account balance if adequate security is provided to cover the 50% limitation mentioned above. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% - 8.00%. Interest rates are based on the rates available locally for similar commercial loans. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service the participant will receive a lump-sum cash payment in the amount equal to the value of the participant's interest in his or her account unless the participant elects a direct rollover. The plan administrator may distribute a terminated participant's interest if it is less than \$1,000.

Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan Agreement to discontinue the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will have a 100% vested interest in their accounts as of the date of termination, and all accounts will be distributed in a lump sum.

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

Forfeited Accounts

The un-vested amounts forfeited by withdrawing participants who were not fully vested totaled \$48,966 and \$65,195 for the years ended December 31, 2014 and 2013, respectively. These forfeited amounts may be used to offset administrative expenses, reserved to restore the forfeited portions of eligible returning employees' accounts who rejoin the Plan, or to reduce any matching contributions for the current Plan year or for a future Plan year. For the years ended December 31, 2014 and 2013, employer contributions were reduced \$0 and \$0 respectively, from forfeited accounts. For the year ended December 31, 2014, administrative expenses were offset with forfeitures totaling \$765. As of year end December 31, 2014 and 2013, the balance of available forfeited accounts was \$111,334 and \$148,453 respectively.

Investment Funds

Participants have the option of directing both their contributions and the employers' contributions to be invested into various pooled separate account investment options and a stable value fund. The Plan currently offers 60 investment options in pooled separate accounts for participants and one stable value fund.

Plan Amendments

During the years ended December 31, 2014 and 2013 there were no Plan amendments.

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The accompanying financial statements have been prepared on a modified cash basis of accounting. Under that basis the underlying cash basis statements have adjusted securities to fair value. All Plan contributions are recorded when received and all benefit payments and expenses are recorded when paid. That basis differs from accounting principles generally accepted in the United States of America because the Plan has not recognized contributions receivable from participants, benefit payments in process have not been recorded and administrative expenses incurred but not paid have not been recognized.

The Plan has entered into a traditional group annuity contract primarily with an insurance carrier. This contract, the Transamerica Stable Value Fund (the Fund), is fully benefit-responsive and has no stated maturity date. A fully benefit-responsive contract provides for a stated return on principal invested over a specified period and permits withdrawals at contract value for benefit payments, loans, or transfers. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, the fully benefit-responsive group annuity contract is included in the financial statements at contract value, which approximates fair value.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Estimates

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Concentration of Credit Risk

The Plan maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash and cash equivalents.

Date of Management's Review

Subsequent events were evaluated through October 14, 2015 which is the date the financial statements were issued.

**NOTE 3 FAIR VALUE MEASUREMENTS**

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

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of at least one significant unobservable input for the asset and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because those generally provide the most reliable evidence of fair value. No Level 3 inputs were used by the Plan.

*Level 1 Fair Value Measurement*

These pooled separate accounts invest in mutual funds or equity securities and are measured using quoted prices in active markets for identical assets and are classified as Level 1.

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

*Level 2 Fair Value Measurement*

These pooled separate accounts invest mainly in stocks, mutual funds and fixed securities. The majority of the underlying securities have observable Level 1 quoted pricing inputs. Most of the security prices were obtained from outside pricing services. While the underlying asset values are quoted prices, the NAV of a separate account is not publicly quoted.

The stable value fund NAV is based on the market value of its underlying assets. This fund contains investment contracts comprised of both underlying investment and contractual components which have observable Level 1 or Level 2 pricing inputs, including quoted prices from similar assets in active or non-active markets.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013.

| <b>Investment Assets at Fair Value<br/>as of December 31, 2014</b> |                      |                      |                      |
|--------------------------------------------------------------------|----------------------|----------------------|----------------------|
|                                                                    | <b>Fair Value</b>    | <b>Level 1</b>       | <b>Level 2</b>       |
| Pooled separate accounts:                                          |                      |                      |                      |
| Bond                                                               | \$ 1,493,056         | \$ 697,605           | \$ 795,451           |
| Hybrid                                                             | 32,598,567           | 7,754,008            | 24,844,559           |
| International equity                                               | 784,670              | 784,670              | -                    |
| Large/Mid blend equity                                             | 1,848,899            | 955,328              | 893,571              |
| Large/Mid growth equity                                            | 1,084,321            | -                    | 1,084,321            |
| Large/Mid value equity                                             | 1,894,966            | 1,809,986            | 84,980               |
| Small company equity                                               | 1,679,854            | 1,557,500            | 122,354              |
| Specialty                                                          | 2,573,562            | 2,181,700            | 391,862              |
| Stable value fund:                                                 |                      |                      |                      |
| Cash equivalents                                                   | 2,184,573            | -                    | 2,184,573            |
| <b>Total investments at fair value</b>                             | <b>\$ 46,142,468</b> | <b>\$ 15,740,797</b> | <b>\$ 30,401,671</b> |

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

| <b>Investment Assets at Fair Value<br/>as of December 31, 2013</b> |                      |                      |                      |
|--------------------------------------------------------------------|----------------------|----------------------|----------------------|
|                                                                    | <b>Fair Value</b>    | <b>Level 1</b>       | <b>Level 2</b>       |
| Pooled separate accounts:                                          |                      |                      |                      |
| Bond                                                               | \$ 1,331,675         | \$ 679,782           | \$ 651,893           |
| Hybrid                                                             | 35,088,283           | 6,249,955            | 28,838,328           |
| International equity                                               | 892,954              | 892,954              | -                    |
| Large/Mid blend equity                                             | 1,523,956            | 798,712              | 725,244              |
| Large/Mid growth equity                                            | 1,309,328            | -                    | 1,309,328            |
| Large/Mid value equity                                             | 1,847,203            | 1,770,441            | 76,762               |
| Small company equity                                               | 1,428,905            | 1,333,741            | 95,164               |
| Specialty                                                          | 2,705,665            | 2,241,817            | 463,848              |
| Stable value fund:                                                 |                      |                      |                      |
| Cash equivalents                                                   | 3,142,135            | -                    | 3,142,135            |
| <b>Total investments at fair value</b>                             | <b>\$ 49,270,104</b> | <b>\$ 13,967,402</b> | <b>\$ 35,302,702</b> |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2014 and 2013 are reported in net appreciation/(depreciation) in fair value of investments.

**NOTE 4 INVESTMENTS**

The Plan investments that exceed 5% of the Plan's net assets available for benefits as of December 31, 2014 and 2013 are as follows:

|                                       | <b>2014</b>   | <b>2013</b>   |
|---------------------------------------|---------------|---------------|
| M&N Pro-Mix Extended Term             | \$ 17,142,298 | \$ 20,643,173 |
| M&N Pro-Mix Maximum Term              | 2,547,013     | 2,848,386     |
| M&N Pro-Mix Moderate Term             | 2,931,255     | 3,336,256     |
| Tranamerica Stable Value Core Account | *             | 3,142,136     |

\* Investment did not constitute 5% of Plans net assets available for benefits.

During the year ending December 31, 2014, the Plan's investments (including gains and losses on investments bought, sold, and held during the period) appreciated/(depreciated) in value by \$2,366,746 as follows:

|                                    | <b>2014</b>         |
|------------------------------------|---------------------|
| Pooled separate accounts (Level 1) | \$ 1,004,169        |
| Pooled separate accounts (Level 2) | 1,364,369           |
| Stable value fund                  | (1,792)             |
|                                    | <b>\$ 2,366,746</b> |

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 4 INVESTMENTS**

Group Annuity Contract

The contract value of the Transamerica Stable Value Fund (the Contract) approximating the fair value was \$2,184,573 and \$3,142,135 as of December 31, 2014 and 2013, respectively. There are no reserves against contract value for credit risk of the contract issuer.

The average yields on the Contract at year end December 31, 2014 and 2013 were 0.80% and 0.80%, respectively. The crediting interest rate on the Contract at year end December 31, 2014 and 2013 was 0.80% and 0.80%, respectively. Crediting interest rates are generally reset semi-annually with the reset based on formulas which may use market value, book value, duration and yield.

The Contract does not specify any events which would limit the ability of the Plan to transact at contract value with the issuer or any events which would allow the issuer to terminate the contract and settle for an amount different from contract value. The Contract provides payment options of the contract value for surrendering the Contract; however, the Plan Sponsor does not intend to surrender the Contract.

**NOTE 5 NET ASSET VALUE PER SHARE**

The Plan's investments in the pooled separate accounts and the stable value fund are stated at net asset value or its equivalent, which is the practical expedient for estimating the fair value of those investments. The following tables set forth additional disclosures of the Plan's assets whose fair value is estimated using net asset value per share as of December 31, 2014 and 2013.

|                                | 2014          |                        |                         |                                |
|--------------------------------|---------------|------------------------|-------------------------|--------------------------------|
|                                | Fair Value    | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
| Pooled separate accounts:      |               |                        |                         |                                |
| (a) Bond                       | \$ 1,493,056  | \$ -                   | Daily                   | Daily                          |
| (b) Hybrid                     | 32,598,567    | -                      | Daily                   | Daily                          |
| (c) International equity       | 784,670       | -                      | Daily                   | Daily                          |
| (d) Large/Mid blend equity     | 1,848,899     | -                      | Daily                   | Daily                          |
| (e) Large/Mid growth equity    | 1,084,321     | -                      | Daily                   | Daily                          |
| (f) Large/Mid value equity     | 1,894,966     | -                      | Daily                   | Daily                          |
| (g) Small company equity       | 1,679,854     | -                      | Daily                   | Daily                          |
| (h) Specialty                  | 2,573,562     | -                      | Daily                   | Daily                          |
| Total pooled separate accounts | 43,957,895    | -                      |                         |                                |
| (i) Stable value fund          | 2,184,573     | -                      |                         |                                |
| Total                          | \$ 46,142,468 | \$ -                   |                         |                                |

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 5 NET ASSET VALUE PER SHARE (Continued)**

|                                | 2013                 |                                |                                 |                                         |
|--------------------------------|----------------------|--------------------------------|---------------------------------|-----------------------------------------|
|                                | <u>Fair Value</u>    | <u>Unfunded<br/>Commitment</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice<br/>Period</u> |
| Pooled separate accounts:      |                      |                                |                                 |                                         |
| (a) Bond                       | \$ 1,331,675         | \$ -                           | Daily                           | Daily                                   |
| (b) Hybrid                     | 35,088,283           | -                              | Daily                           | Daily                                   |
| (c) International equity       | 892,954              | -                              | Daily                           | Daily                                   |
| (d) Large/Mid blend equity     | 1,523,956            | -                              | Daily                           | Daily                                   |
| (e) Large/Mid growth equity    | 1,309,328            | -                              | Daily                           | Daily                                   |
| (f) Large/Mid value equity     | 1,847,203            | -                              | Daily                           | Daily                                   |
| (g) Small company equity       | 1,428,905            | -                              | Daily                           | Daily                                   |
| (h) Specialty                  | 2,705,665            | -                              | Daily                           | Daily                                   |
| Total pooled separate accounts | 46,127,969           | -                              |                                 |                                         |
| (i) Stable value fund          | 3,142,135            | -                              |                                 |                                         |
| Total                          | <u>\$ 49,270,104</u> | <u>\$ -</u>                    |                                 |                                         |

- (a) Bond funds are primarily fixed income investments seeking income or growth of income, with less emphasis on capital appreciation. Funds in this asset class can vary greatly in their risk profiles.
- (b) Hybrid investments are generally comprised of a combination of fixed income and equity investment options. These investment options may include balanced, asset allocation, target-date, and target-risk investment options. These investment options typically have lower risk than investments that invest solely in equities.
- (c) International equity is comprised of investment options that invest in stocks, or shares of ownership in companies with their principal place of business or office outside the United States. These investment options often carry more risk than U.S. equity investment options but may have the potential for higher returns.
- (d) Large Mid/blend equity investments are comprised of investments in large cap and mid size companies. Some of the companies invested in are expected to grow at a rate faster than the market average while other companies invested in appear to be selling at a price lower than market value.
- (e) Large Mid/growth equity investments are comprised of investments in large cap and mid size companies. These companies invested in are expected to grow at a rate faster than the market average and generally don't pay dividends.
- (f) Large Mid/value equity investments are comprised of investments in large cap and mid size companies. These companies invested in are generally believed to be selling at a price lower than market value. These companies commonly pay dividends.
- (g) Small company equity is generally comprised of investment options that invest in stocks, or shares of ownership in small companies. These investment options typically carry more risk than larger equity investment options but have the potential for higher returns.
- (h) Specialty funds invest predominantly or exclusively in a single industry, sector, or region of the world.

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 5 NET ASSET VALUE PER SHARE (Continued)**

- (i) Stable value funds are generally comprised of short-term, fixed-income investment options that are largely liquid and are designed to not lose much value. They are considered to be among the least risky forms of investment options. However, they typically have a lower rate of return than equities or longer-term fixed income investment options over long periods of time.

**NOTE 6 INFORMATION PREPARED AND CERTIFIED BY THIRD PARTY ADMINISTRATORS**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Transamerica Financial Life Insurance Company.

- (1) Statement of Net Assets Available for Benefits – Total assets reflecting all investments at fair value and Net Assets Available for Benefits
- (2) Statement of Changes in Assets Available for Benefits – Net Assets Available for Benefits
- (3) Note 4 – Investments

**NOTE 7 TAX STATUS**

The Internal Revenue Service has determined and informed the third party administrator by a letter dated January 11, 2002 that the “Volume Submitter Profit Sharing 401 (k) Plan” is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Sponsor has adopted this plan and is intended to qualify under the IRC as a tax-qualified employees’ Plan, and a “Multiple Employer” plan as described in Section 413(c) of the Code. Although the plan has been amended since adoption, the Plan Administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

**NOTE 8 PARTY IN INTEREST TRANSACTIONS**

The third party administrators charge fees for the services they provide. Administrative fees for these services were \$428,551 and \$428,694 for the years ended December 31, 2014 and 2013 respectively.

The third party administrator pays commissions to an agent company which is owned by a relative of the Plan Trustees. The agent company provides services to participants. The related party was paid \$235,909 and \$234,401 in commissions from the third party administrators for the years ended December 31, 2014 and 2013, respectively.

Plan investments are in accounts administered by Transamerica Financial Life Insurance Company. Transamerica is a custodian of the Plan assets and, therefore, these transactions qualify as party in interest.

**NOTE 9 NONEXEMPT TRANSACTIONS**

During the year ended December 31, 2014 there were unintentional delays by the Plan in submitting the August 16, 2014 participant contributions of \$2,231, employer contributions of \$1,717 and loan repayments of \$190 to the Plan custodian. These late payments and the lost earnings on the participants’ accounts were submitted to the Plan in September of 2015.

During the year ended December 31, 2014 there were unintentional delays by the Plan in submitting certain other plan amounts. Employee contributions totaling \$2,118, employer contributions totaling \$533 and loan repayments total \$944 were submitted to the Plan from 14 to 35 days late. The lost earnings on these late submissions will be credited to the participants’ accounts upon correction.

**A PLUS BENEFITS, INC.**  
**401(k) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**NOTE 10 RISKS AND UNCERTAINTIES**

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

**NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

|                                                                         | <u>2014</u>          | <u>2013</u>          |
|-------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits according to the financial statements | \$ 46,992,619        | \$ 50,452,833        |
| Net classification difference                                           | 112,205              |                      |
| Immaterial amounts                                                      | -                    | (2)                  |
| Net assets line 11 according to Form 5500                               | <u>\$ 47,104,824</u> | <u>\$ 50,452,831</u> |

The following is a reconciliation of total additions according to the financial statements at December 31, 2014 and 2013 to Form 5500 Schedule H:

|                                                                          | <u>2014</u>          | <u>2013</u>          |
|--------------------------------------------------------------------------|----------------------|----------------------|
| Total additions according to the financial statements                    | \$ 10,551,953        | \$ 17,259,268        |
| Net classification difference                                            | 2,328,693            | (775,892)            |
| Total income line 2d plus transfers in line 2l(1) according to Form 5500 | <u>\$ 12,880,646</u> | <u>\$ 16,483,376</u> |

The following is a reconciliation of total deductions according to the financial statements at December 31, 2014 and 2013 to Form 5500 Schedule H:

|                                                                             | <u>2014</u>          | <u>2013</u>          |
|-----------------------------------------------------------------------------|----------------------|----------------------|
| Total deductions according to the financial statements                      | \$ 14,012,167        | \$ 15,760,312        |
| Net classification difference                                               | 2,216,486            | (696,587)            |
| Total expenses line 2j plus transfers out line 2l(2) according to Form 5500 | <u>\$ 16,228,653</u> | <u>\$ 15,063,725</u> |

## **SUPPLEMENTAL SCHEDULES**

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost | Current<br>Value |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|------------------|
| * AEGON Balanced                                         | Pooled accounts                                                                                                 | **   | \$ 643,062       |
| * AllianceBernstein High Income                          | Pooled accounts                                                                                                 | **   | 372,742          |
| * Am. Century One Choice 2015                            | Pooled accounts                                                                                                 | **   | 207,495          |
| * Am. Century One Choice 2020                            | Pooled accounts                                                                                                 | **   | 386,397          |
| * Am. Century One Choice 2025                            | Pooled accounts                                                                                                 | **   | 1,819,316        |
| * Am. Century One Choice 2030                            | Pooled accounts                                                                                                 | **   | 1,116,640        |
| * Am. Century One Choice 2035                            | Pooled accounts                                                                                                 | **   | 1,096,750        |
| * Am. Century One Choice 2040                            | Pooled accounts                                                                                                 | **   | 1,167,597        |
| * Am. Century One Choice 2045                            | Pooled accounts                                                                                                 | **   | 501,215          |
| * Am. Century One Choice 2050                            | Pooled accounts                                                                                                 | **   | 412,785          |
| * Am. Century One Choice Income                          | Pooled accounts                                                                                                 | **   | 56,776           |
| * American Funds EuroPac Growth                          | Pooled accounts                                                                                                 | **   | 583,109          |
| * American Century OC 2055                               | Pooled accounts                                                                                                 | **   | 19,077           |
| * American Funds New Prospect                            | Pooled accounts                                                                                                 | **   | 37,409           |
| * BlackRock Equity Dividend                              | Pooled accounts                                                                                                 | **   | 253,071          |
| * BlackRock Health Sciences Ops                          | Pooled accounts                                                                                                 | **   | 885,633          |
| * ClearBridge Small Cap Growth                           | Pooled accounts                                                                                                 | **   | 190,236          |
| * Columbia Acorn International                           | Pooled accounts                                                                                                 | **   | 164,152          |
| * Invesco American Value Ret Acct                        | Pooled accounts                                                                                                 | **   | 32,879           |
| * Ivy Science & Technology                               | Pooled accounts                                                                                                 | **   | 495,879          |
| * Janus Balanced Ret Acct                                | Pooled accounts                                                                                                 | **   | 174,606          |
| * JPMorgan Extended Duration                             | Pooled accounts                                                                                                 | **   | 331,150          |
| * Loomis Sayles Inv Grade Bond                           | Pooled accounts                                                                                                 | **   | 284,970          |
| * Lord Abbett Fundamental Equity                         | Pooled accounts                                                                                                 | **   | 25,199           |
| * M&N Pro-Mix Conservative Term                          | Pooled accounts                                                                                                 | **   | 1,580,931        |
| * M&N Pro-Mix Extended Term                              | Pooled accounts                                                                                                 | **   | 17,142,298       |
| * M&N Pro-Mix Maximum Term                               | Pooled accounts                                                                                                 | **   | 2,547,013        |
| * M&N Pro-Mix Moderate Term                              | Pooled accounts                                                                                                 | **   | 2,931,255        |
| * MFS Massachusetts Investors                            | Pooled accounts                                                                                                 | **   | 785,634          |
| * Morgan Stanley Growth                                  | Pooled accounts                                                                                                 | **   | 902,001          |
| * Neuberger Berman Genesis                               | Pooled accounts                                                                                                 | **   | 236,890          |
| * Pioneer Strategic Income                               | Pooled accounts                                                                                                 | **   | 177,471          |
| * Prudential Jennison MidCap Grw                         | Pooled accounts                                                                                                 | **   | 434,056          |
| * Prudential Jennison Nat Res                            | Pooled accounts                                                                                                 | **   | 321,681          |
| * Prudential Jennison Utility Ret Acct                   | Pooled accounts                                                                                                 | **   | 247,816          |
| * RidgeWorth Lg Cap Val Equity                           | Pooled accounts                                                                                                 | **   | 965,053          |
| * RidgeWorth Mid-Cap Value Eq                            | Pooled accounts                                                                                                 | **   | 591,862          |
| * SSgA Emerging Markets Ind                              | Pooled accounts                                                                                                 | **   | 391,862          |
| * SSgA Russell LC Value Index                            | Pooled accounts                                                                                                 | **   | 84,980           |
| * SSgA Russell Lg Cap Grth Ind                           | Pooled accounts                                                                                                 | **   | 182,320          |

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis) (Continued)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value       | Cost | Current<br>Value     |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------|----------------------|
| * SSgA Russell SC Growth Index                           | Pooled accounts                                                                                                       | **   | \$ 97,797            |
| * SSgA Russell SC Value Index                            | Pooled accounts                                                                                                       | **   | 24,556               |
| * SSgA S&P Mid Cap Index                                 | Pooled accounts                                                                                                       | **   | 290,446              |
| * Templeton Global Bond                                  | Pooled accounts                                                                                                       | **   | 147,391              |
| * Thornburg Invst Income Builder                         | Pooled accounts                                                                                                       | **   | 56,382               |
| * Transamerica Partners Hg Yd Bd                         | Pooled accounts                                                                                                       | **   | 179,331              |
| * Transamerica Partners Stk Idx                          | Pooled accounts                                                                                                       | **   | 603,126              |
| * Transamerica Small/Mid Cap Val                         | Pooled accounts                                                                                                       | **   | 267,279              |
| * Vanguard LifeStgy Conserv Grth                         | Pooled accounts                                                                                                       | **   | 81,363               |
| * Vanguard LifeStrategy Grth                             | Pooled accounts                                                                                                       | **   | 280,485              |
| * Vanguard LifeStrategy Income                           | Pooled accounts                                                                                                       | **   | 16,008               |
| * Vanguard LifeStrategy Mod Grth                         | Pooled accounts                                                                                                       | **   | 113,299              |
| * Vanguard REIT Index                                    | Pooled accounts                                                                                                       | **   | 318,583              |
| * Vanguard Small-Cap Index                               | Pooled accounts                                                                                                       | **   | 208,590              |
| * Vanguard Total Stk Market Ind                          | Pooled accounts                                                                                                       | **   | 144,495              |
| * Wells Fargo Adv Discovery                              | Pooled accounts                                                                                                       | **   | 187,570              |
| * WF Precious Metals                                     | Pooled accounts                                                                                                       | **   | 159,925              |
|                                                          |                                                                                                                       |      | <u>\$ 43,957,895</u> |
| * Transamerica Stable Value Core Account                 | Investment contract                                                                                                   | **   | <u>\$ 2,184,573</u>  |
| Participant Loans                                        | Participant loans secured by<br>participants vested accrued<br>benefit. Interest rates varied<br>from 4.25% to 8.00%. | \$ - | <u>\$ 850,151</u>    |

\* Transamerica Financial Life Insurance Company is a party in interest.

\*\*Cost information is not required for participant directed investments.

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4a – Schedule Of Delinquent Participant Contributions**  
**(Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Participant Contributions Transferred Late to Plan | Total That Constitutes Nonexempt Prohibited Transactions       |                             |                                      | Total Fully Corrected Under VFCP and PTE 2002-51 |
|----------------------------------------------------|----------------------------------------------------------------|-----------------------------|--------------------------------------|--------------------------------------------------|
|                                                    | Check Here if Late Participant Loan Repayments are Included: ✓ | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP         |
| \$ 5,483                                           | \$ -                                                           | \$ -                        | \$ -                                 | \$ 5,483                                         |

## MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

|                                                                |
|----------------------------------------------------------------|
| <b>Plan Name: A Plus Benefits, Inc. 401(k) Retirement Plan</b> |
| <b>Contract Number: 932319</b>                                 |
| <b>Employer Identification Number: 87-0476353</b>              |
| <b>Plan Identification Number: 001</b>                         |
| <b>Plan Year End: December 31, 2014</b>                        |

| (a)<br>Name of Participating Employer      | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|--------------------------------------------|------------------------------------------|------------------------------------------|
| A Plus Benefits, Inc.                      | 87-0476354                               | 2.13%                                    |
| Adams & Smith, Inc.                        | 94-2309476                               | 4.30%                                    |
| American Biotech                           | 20-3029677                               | 3.85%                                    |
| Bassett Furniture Direct                   | 01-0656036                               | 0.08%                                    |
| Real Estate Data X-Change                  | 01-0795142                               | 0.00%                                    |
| Dandeneau Associates, LLP (Direct Buy-Slc) | 01-0815334                               | 0.00%                                    |
| Evanston Tire Factory                      | 03-0424236                               | 0.00%                                    |
| Performance Rehab                          | 03-0485045                               | 0.07%                                    |
| Cascade Family Medicine                    | 04-3730183                               | 0.00%                                    |
| IDM                                        | 06-1699087                               | 0.00%                                    |
| Syracuse Arts Academy                      | 11-3738847                               | 2.61%                                    |
| Wasatch Peak Academy                       | 11-3738851                               | 0.44%                                    |
| North Star Academy                         | 13-4290294                               | 0.72%                                    |
| Cook Sanders and Associates, Inc.          | 16-1623107                               | 0.17%                                    |
| TM Crushing                                | 20-0274993                               | 0.04%                                    |
| TAM Solutions                              | 20-0278969                               | 0.51%                                    |
| HK Consulting                              | 20-0331889                               | 0.00%                                    |
| Greenlight Group                           | 20-0404025                               | 0.95%                                    |
| Clarion Hotel                              | 20-0739130                               | 0.00%                                    |
| College Services                           | 20-0830010                               | 0.16%                                    |
| Bonneville Multi Family                    | 20-1095607                               | 0.00%                                    |
| National Vinyl Products                    | 20-1148046                               | 0.03%                                    |
| ESP Excavation                             | 20-1173848                               | 0.04%                                    |
| Ferrin and Company                         | 20-1414343                               | 0.44%                                    |
| Hadco Construction                         | 20-1920952                               | 2.65%                                    |
| Mountain Springs Prep Academy              | 20-2043721                               | 0.00%                                    |
| La Europa Academy                          | 20-2072437                               | 0.53%                                    |
| Biwater Surgical                           | 20-2108511                               | 0.00%                                    |
| Kitmund Electric                           | 20-2130351                               | 0.00%                                    |
| Vinyl Industries, LLC                      | 20-2160924                               | 0.06%                                    |
| Medicap Pharmacy                           | 20-2167970                               | 0.00%                                    |
| Oliver Russell Associates                  | 20-2770435                               | 0.00%                                    |
| MC Concrete Pumping                        | 20-3001270                               | 0.00%                                    |
| Select Title                               | 20-3011649                               | 0.99%                                    |

| (a)<br>Name of Participating Employer   | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|-----------------------------------------|------------------------------------------|------------------------------------------|
| The Ritchie Group                       | 20-3136179                               | 0.00%                                    |
| Parnell's Glass and Body Works          | 20-3239357                               | 0.02%                                    |
| E-Wedding Bands                         | 20-3254788                               | 0.00%                                    |
| Heritage Makers                         | 20-3327255                               | 0.00%                                    |
| Quality Ceramics                        | 20-3463733                               | 0.00%                                    |
| Executrain                              | 20-3700860                               | 0.05%                                    |
| Sellers Parts Plus                      | 20-3885965                               | 0.02%                                    |
| Optic Tools                             | 20-4095396                               | 0.00%                                    |
| Liberty Press Transport                 | 20-4112797                               | 0.00%                                    |
| Boswell Wasatch Mill                    | 20-4218343                               | 0.48%                                    |
| American Dream Title Insurance Agency   | 20-4634586                               | 0.00%                                    |
| Superior Cleaning Services              | 20-5636595                               | 0.11%                                    |
| Capitalrock                             | 20-5806291                               | 0.00%                                    |
| Green Seed Technologies                 | 20-8154920                               | 0.00%                                    |
| A Step Forward                          | 20-8372219                               | 0.74%                                    |
| Argon Technologies                      | 20-8958001                               | 0.08%                                    |
| Idacold Packaging                       | 20-8990374                               | 0.00%                                    |
| Zephyr Enterprises                      | 22-3929790                               | 0.00%                                    |
| Kolob Canyon Treatment Center           | 24-5710348                               | 0.00%                                    |
| Yoogli                                  | 26-0110131                               | 0.00%                                    |
| ALG Intellectual Property, LLC          | 26-0165658                               | 2.29%                                    |
| Aquatherm                               | 26-0360969                               | 1.56%                                    |
| Blue Sky Enterprises                    | 26-0397888                               | 0.00%                                    |
| Cougarblue Holdings                     | 26-0519121                               | 0.00%                                    |
| Panoptic Security, Inc                  | 26-0678689                               | 0.00%                                    |
| Quest Academy                           | 26-0798425                               | 0.38%                                    |
| Mohrman & Schofield Pc                  | 26-1322503                               | 0.00%                                    |
| Adjuvant Technologies                   | 26-1989867                               | 0.00%                                    |
| Holiday Inn Express                     | 26-2387087                               | 0.03%                                    |
| Jefferson Academy                       | 26-2546736                               | 0.00%                                    |
| Alpine Family Medicine                  | 26-2653132                               | 0.20%                                    |
| Early Light Academy                     | 26-2722827                               | 0.22%                                    |
| Hawthorn Academy                        | 26-2723562                               | 0.60%                                    |
| HiFunda                                 | 26-3003580                               | 0.13%                                    |
| Progressive Industrial Electrical, Inc. | 26-3274981                               | 1.44%                                    |
| Brand Makers Promotional Products       | 26-3316647                               | 0.05%                                    |
| Mountain Heights Academy                | 26-3417162                               | 0.14%                                    |
| Paragon Schools                         | 26-3655947                               | 0.00%                                    |
| Compassionate Journey                   | 26-3762661                               | 0.00%                                    |
| Maria Montessori Academy                | 26-3939335                               | 0.25%                                    |
| The Exchange                            | 26-4478498                               | 0.00%                                    |
| Lodging Dynamics Hospitality Group      | 71-0921781                               | 2.01%                                    |
| K. Berg Engineering                     | 27-0384246                               | 0.00%                                    |
| Oscilla Power                           | 27-0790220                               | 0.57%                                    |
| A Plus Planning & Insurance             | 27-1467344                               | 0.00%                                    |

| (a)<br>Name of Participating Employer  | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|----------------------------------------|------------------------------------------|------------------------------------------|
| Barnes Bullets                         | 27-1488510                               | 1.74%                                    |
| KRISTICO                               | 27-3556108                               | 0.04%                                    |
| XACT Payroll Solutions                 | 27-3686293                               | 0.05%                                    |
| Academica West                         | 33-1064293                               | 0.95%                                    |
| Zyto Corporation                       | 34-1997382                               | 0.79%                                    |
| Brown's Badger Daylighting             | 34-2020593                               | 0.00%                                    |
| Ogden Preparatory Academy              | 35-2210009                               | 2.35%                                    |
| Esoft Enterprises                      | 35-2220242                               | 0.00%                                    |
| Moonridge Academy                      | 36-3664517                               | 0.00%                                    |
| One Stop Cd Shop                       | 36-4566918                               | 0.00%                                    |
| Wild Cat Investments                   | 36-4617173                               | 0.00%                                    |
| Magellan Capital Mortgage              | 38-3666385                               | 0.00%                                    |
| Silicon Mountain                       | 41-2038882                               | 0.51%                                    |
| General Construction and Development   | 42-1562377                               | 0.04%                                    |
| Alder Electric                         | 42-1591320                               | 0.00%                                    |
| Marathon Exhibits                      | 43-1973770                               | 0.00%                                    |
| Idaho Tech Connect                     | 43-1989270                               | 0.08%                                    |
| Descent Control                        | 43-2054508                               | 0.00%                                    |
| High Mark Charter School               | 45-3789507                               | 0.28%                                    |
| Wasatch Mountain Mechanical, Inc.      | 48-1272474                               | 0.00%                                    |
| Badger Daylighting of Western Colorado | 50-0295456                               | 0.00%                                    |
| Marketing On The Edge                  | 51-9062841                               | 0.00%                                    |
| Power Music, Inc                       | 52-1572537                               | 0.00%                                    |
| Legacy Technologies                    | 52-2132333                               | 0.00%                                    |
| Studeo Management                      | 52-8217735                               | 0.00%                                    |
| JR Lawrence Trucking                   | 52-9364184                               | 0.00%                                    |
| Peck Lumber Inc                        | 52-9569238                               | 0.00%                                    |
| NBO Systems                            | 55-0795927                               | 0.00%                                    |
| LinkTrust                              | 55-0803067                               | 0.14%                                    |
| Certs                                  | 56-2447598                               | 0.22%                                    |
| Arrowhead Concrete                     | 56-2499125                               | 0.00%                                    |
| MetaGeek                               | 59-3820986                               | 0.00%                                    |
| Riverside Collision                    | 64-0962837                               | 0.00%                                    |
| West Coast Railcar                     | 68-0258515                               | 0.00%                                    |
| Alliance Dairy Service & Supplies      | 71-0955001                               | 1.02%                                    |
| Griffin Hill                           | 71-0991506                               | 0.00%                                    |
| Henderson Coffee                       | 73-1502170                               | 0.05%                                    |
| Dynaquest                              | 75-2981106                               | 1.02%                                    |
| AWD Sales and Service                  | 75-3142233                               | 0.00%                                    |
| North Davis Prep Academy               | 76-0762107                               | 0.81%                                    |
| Pinnacle Contractors                   | 76-0765537                               | 0.00%                                    |
| Re-Bath Of Idaho                       | 76-0803969                               | 0.00%                                    |
| Best Home Health And Hospice           | 80-0024154                               | 0.00%                                    |
| Bateman Ip Law Group                   | 80-0060375                               | 0.00%                                    |
| Jenkins & Woolf                        | 82-0233490                               | 0.00%                                    |

| (a)<br>Name of Participating Employer  | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|----------------------------------------|------------------------------------------|------------------------------------------|
| ISOM Metals                            | 82-0341120                               | 0.37%                                    |
| Computrol                              | 82-0387999                               | 0.20%                                    |
| Double M Ranch and Agricultural Supply | 82-0473826                               | 1.61%                                    |
| Clearwater Mortgage                    | 82-0491124                               | 0.00%                                    |
| Cope Automotive                        | 82-0496995                               | 0.00%                                    |
| Bully Dog Technologies                 | 82-0513565                               | 0.00%                                    |
| Uinta Bank                             | 83-0151940                               | 1.36%                                    |
| Collection Center Of Wyoming           | 83-0205494                               | 1.29%                                    |
| Uinta Title                            | 83-0242494                               | 0.00%                                    |
| Seale Oilfield Consultant              | 83-0243688                               | 0.00%                                    |
| Vase Funeral Home                      | 83-0251226                               | 0.15%                                    |
| Rocky Mountain Bank                    | 83-0260032                               | 0.00%                                    |
| Youth Alternative Home                 | 83-0269541                               | 0.42%                                    |
| Deru's Glassworks                      | 83-0269751                               | 0.96%                                    |
| Quality Inn                            | 83-0278484                               | 0.04%                                    |
| Imperial Laundry                       | 83-0278485                               | 0.04%                                    |
| Holiday Inn (Cherrywood)               | 83-0289092                               | 0.55%                                    |
| Big Pee Industries                     | 83-0292298                               | 0.00%                                    |
| Edmonds & Russell PC                   | 83-0322590                               | 0.03%                                    |
| Hunter Family Medical Center           | 83-0330098                               | 1.22%                                    |
| Badger Daylighting                     | 83-0334816                               | 0.00%                                    |
| Mike & Sterlings Flooring America      | 83-0353962                               | 0.00%                                    |
| Kathryn Allen M.D.                     | 84-1304760                               | 0.00%                                    |
| Blaze Master Fire Protection           | 84-1396653                               | 0.06%                                    |
| IQ Healthcare Solutions                | 84-1402459                               | 0.00%                                    |
| Marshall's Truck Repair                | 84-1411783                               | 0.30%                                    |
| State Bank                             | 84-1417343                               | 0.58%                                    |
| Cornerstone Capital                    | 84-1428608                               | 0.00%                                    |
| Mountainland Metal Works               | 84-1429773                               | 0.00%                                    |
| Casey Bergquist                        | 84-1510703                               | 0.00%                                    |
| Carefree Homes                         | 84-1658327                               | 0.00%                                    |
| TCS Industries                         | 85-0415143                               | 0.03%                                    |
| Recapture Consulting                   | 86-0940248                               | 0.00%                                    |
| WCEC Engineers                         | 86-1136352                               | 0.00%                                    |
| Regal Recreation                       | 87-0208378                               | 0.00%                                    |
| Zims                                   | 87-0238794                               | 0.00%                                    |
| Bluefin Office Group LLC               | 87-0260924                               | 0.16%                                    |
| City Center Credit Union               | 87-0261067                               | 0.11%                                    |
| Steel Coatings                         | 87-0266439                               | 1.04%                                    |
| Thomas J. Peck & Sons                  | 87-0274025                               | 1.12%                                    |
| Robertson's Marine                     | 87-0276933                               | 0.10%                                    |
| Hairitage College                      | 87-0285608                               | 0.00%                                    |
| Global Coatings, Inc.                  | 87-0287089                               | 0.53%                                    |
| Goodfellow Corporation                 | 87-0300750                               | 2.72%                                    |
| Wasatch Ornamental                     | 87-0301398                               | 0.00%                                    |

| (a)<br>Name of Participating Employer | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|---------------------------------------|------------------------------------------|------------------------------------------|
| Lyle W. Williams                      | 87-0305609                               | 1.04%                                    |
| South State Trailer                   | 87-0308648                               | 0.00%                                    |
| Richards Laboratories                 | 87-0327515                               | 0.37%                                    |
| Mountain States Property Management   | 87-0334034                               | 0.14%                                    |
| Stewarts RV                           | 87-0343616                               | 0.70%                                    |
| Murray Clinic                         | 87-0346419                               | 0.95%                                    |
| Savage Asphalt                        | 87-0349974                               | 0.00%                                    |
| Rocky Mountain Welding & Fabrications | 87-0362757                               | 0.00%                                    |
| The John & Company                    | 87-0364322                               | 0.00%                                    |
| Berg Engineering                      | 87-0389524                               | 0.00%                                    |
| Pyne Floor Coverings                  | 87-0394680                               | 0.00%                                    |
| Price's Guaranteed Doors              | 87-0404538                               | 0.06%                                    |
| Wasatch Technologies                  | 87-0426118                               | 0.00%                                    |
| Foundation Systems, Inc.              | 87-0430174                               | 0.16%                                    |
| Co Building Systems                   | 87-0435873                               | 0.49%                                    |
| Perfect-A-Line                        | 87-0449775                               | 0.00%                                    |
| Freeway Propane                       | 87-0449808                               | 0.00%                                    |
| Mountain States Steel                 | 87-0450706                               | 1.26%                                    |
| Central Communications                | 87-0466143                               | 0.00%                                    |
| Colonial Flag                         | 87-0467717                               | 0.00%                                    |
| Valgardson Transport Company          | 87-0469407                               | 0.00%                                    |
| Bimco                                 | 87-0470785                               | 0.00%                                    |
| Mountain Valley Construction          | 87-0471627                               | 0.00%                                    |
| Poole & Associates                    | 87-0475324                               | 0.51%                                    |
| First Scientific                      | 87-0476346                               | 0.00%                                    |
| Desktop Visuals                       | 87-0477068                               | 0.00%                                    |
| Utah Certified Development            | 87-0477091                               | 0.45%                                    |
| Professional Heating                  | 87-0482199                               | 0.00%                                    |
| Western Fidelity                      | 87-0490580                               | 0.00%                                    |
| Buffo's Termite & Pest Control        | 87-0491210                               | 0.00%                                    |
| Johnson's Medical                     | 87-0491669                               | 0.15%                                    |
| Utah Controls                         | 87-0496337                               | 5.09%                                    |
| Kimco Fire Protection                 | 87-0498514                               | 0.00%                                    |
| Artistic Mill                         | 87-0500657                               | 0.00%                                    |
| ADP Lemco                             | 87-0500753                               | 0.00%                                    |
| Pediatric Care                        | 87-0501344                               | 0.08%                                    |
| Downtown Ogden                        | 87-0507277                               | 0.16%                                    |
| Intermountain Turbine Services        | 87-0514149                               | 0.00%                                    |
| City 1st Mortgage                     | 87-0515746                               | 0.00%                                    |
| Sunhill Homes                         | 87-0518662                               | 0.00%                                    |
| American Loans                        | 87-0526046                               | 0.00%                                    |
| National Lan Exchange                 | 87-0533543                               | 0.18%                                    |
| Palmer's Metalmart                    | 87-0533603                               | 0.23%                                    |
| Brainstorm                            | 87-0535674                               | 2.11%                                    |
| RealSource Holding                    | 87-0537829                               | 0.19%                                    |

| (a)<br>Name of Participating Employer | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|---------------------------------------|------------------------------------------|------------------------------------------|
| Smart Solutions                       | 87-0538448                               | 0.00%                                    |
| Allied Resource                       | 87-0543197                               | 0.00%                                    |
| Ingerson Construction                 | 87-0543248                               | 0.00%                                    |
| Focus Services                        | 87-0543720                               | 0.00%                                    |
| Jeffrey G. Ogden MD PC                | 87-0547016                               | 0.71%                                    |
| Softwise                              | 87-0548177                               | 0.37%                                    |
| 3-Form                                | 87-0550558                               | 0.00%                                    |
| Veritas                               | 87-0551555                               | 0.00%                                    |
| High Tech Signs                       | 87-0551739                               | 0.69%                                    |
| Cottontree Medical                    | 87-0554701                               | 0.00%                                    |
| Masonomics                            | 87-0556072                               | 0.00%                                    |
| North Star Printing                   | 87-0568243                               | 0.26%                                    |
| All Weather Steel                     | 87-0568283                               | 0.00%                                    |
| K. Roberts Construction               | 87-0570721                               | 0.00%                                    |
| Design Stream                         | 87-0574297                               | 0.00%                                    |
| TSA Architects, Inc.                  | 87-0575827                               | 0.00%                                    |
| CS Design Group                       | 87-0576370                               | 0.30%                                    |
| Irontown Housing Company              | 87-0583205                               | 0.00%                                    |
| Odin Development                      | 87-0618483                               | 0.00%                                    |
| Wash Pro                              | 87-0621503                               | 0.00%                                    |
| Everest Administrators                | 87-0624879                               | 0.02%                                    |
| Strategix Performance                 | 87-0625033                               | 0.00%                                    |
| Elemental Technologies                | 87-0630781                               | 0.00%                                    |
| Waste Connections                     | 87-0631503                               | 0.00%                                    |
| Privacy Link                          | 87-0633770                               | 0.52%                                    |
| Marteni & Bear LLC                    | 87-0636040                               | 0.00%                                    |
| Mountain Peaks Family Practice        | 87-0638632                               | 0.00%                                    |
| Documatix                             | 87-0638781                               | 0.32%                                    |
| Little Fish Commerce                  | 87-0639770                               | 0.00%                                    |
| Soldier Hollow                        | 87-0642942                               | 0.46%                                    |
| Wentworth Senior Living               | 87-0644400                               | 0.01%                                    |
| Leisure Villas                        | 87-0647200                               | 0.00%                                    |
| Cobalt Refrigeration                  | 87-0648815                               | 0.22%                                    |
| Dexter & Dexter Attorneys At Law      | 87-0650309                               | 0.34%                                    |
| Cluff, Inc.                           | 87-0652746                               | 0.00%                                    |
| Curecrete Management                  | 87-0653420                               | 0.08%                                    |
| Dura - Tuff                           | 87-0653837                               | 0.00%                                    |
| Overhead Cranes                       | 87-0655687                               | 0.00%                                    |
| Legacy Mill And Cabinet               | 87-0655829                               | 0.20%                                    |
| The Shipley Group                     | 87-0658495                               | 0.06%                                    |
| Champion Industrial                   | 87-0659496                               | 0.16%                                    |
| A-Plus Home Care                      | 87-0659679                               | 1.11%                                    |
| Elite Housing, LLC                    | 87-0660205                               | 0.34%                                    |
| Finicity                              | 87-0661752                               | 0.06%                                    |
| Asphalt Zipper                        | 87-0661865                               | 0.80%                                    |

| (a)<br>Name of Participating Employer | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|---------------------------------------|------------------------------------------|------------------------------------------|
| Central UT Communications             | 87-0663268                               | 0.00%                                    |
| On Electric                           | 87-0663826                               | 0.00%                                    |
| My Community Inc.                     | 87-0666093                               | 0.00%                                    |
| Lamb Industries                       | 87-0667966                               | 0.00%                                    |
| Cowboy Group                          | 87-0668462                               | 0.00%                                    |
| Mindquest                             | 87-0669896                               | 0.00%                                    |
| Gideon Taylor Consulting              | 87-0670678                               | 0.00%                                    |
| GeNosys, Inc.                         | 87-0671592                               | 0.00%                                    |
| Lone Pine Group                       | 87-0677850                               | 0.00%                                    |
| Deer Crest Master Association         | 87-0679651                               | 0.33%                                    |
| B2a, PC                               | 87-0680557                               | 0.35%                                    |
| Destination Homes                     | 87-0681100                               | 1.82%                                    |
| ContactPoint                          | 87-0681965                               | 0.20%                                    |
| M13 Construction                      | 87-0683801                               | 0.08%                                    |
| Wahoo Studios                         | 87-0687063                               | 0.02%                                    |
| Bridger Valley Lawn and Landscape     | 87-0761008                               | 0.00%                                    |
| Starbridge Systems, Inc               | 94-3357655                               | 0.00%                                    |
| Cedar Valley Automotive & Welding     | 14-1900189                               | 0.18%                                    |
| IGES                                  | 87-0581028                               | 2.59%                                    |
| Alexander Company                     | 82-0489702                               | 0.00%                                    |
| Snake River Farmers Association       | 82-0401442                               | 0.44%                                    |
| Research                              | 87-9999999                               | 0.00%                                    |
| Flasher Barricade                     | 82-8888888                               | 0.00%                                    |
| MKE Steel Detailing, LLC              | 45-5414643                               | 0.11%                                    |
| Humanize                              | 87-0516421                               | 0.00%                                    |
| PJF Corporation                       | 87-0617081                               | 0.00%                                    |
| Magnum Manufacturing Corporation      | 87-0497593                               | 0.19%                                    |
| Rocky Mountain Pies                   | 20-4846059                               | 1.13%                                    |
| Okelberry Trucking                    | 87-0579439                               | 0.46%                                    |
| i4 Solutions, Inc.                    | 87-0671601                               | 0.00%                                    |
| Leavitt's Mortuary                    | 87-0494545                               | 0.01%                                    |
| Youwho, Inc.                          | 26-3679181                               | 0.04%                                    |
| Alan Brooks Crossroads                | 20-8043882                               | 0.09%                                    |
| DCT Energy Services LLC               | 45-5332093                               | 0.74%                                    |
| 221 Associates LLC                    | 20-3766780                               | 0.08%                                    |
| Rocky Mountain Wealth Concepts        | 26-2665063                               | 0.02%                                    |
| H-Wire Technology Solutions           | 27-4394603                               | 0.45%                                    |
| A Plus Risk And Insurance             | 87-0675727                               | 0.00%                                    |
| Hunter Douglas Facades                | 11-3735444                               | 0.92%                                    |
| The Synergy Company of Utah LLC       | 87-0497272                               | 0.23%                                    |
| Wyoming Specialized Physical Therapy  | 30-0551569                               | 0.13%                                    |
| Forest Product Sales, Inc.            | 87-0270783                               | 0.38%                                    |
| Kolob Canyon Treatment Center         | 24-5710347                               | 0.07%                                    |
| Mountain Springs Prep Academy         | 24-2043721                               | 0.11%                                    |
| Moonridge Academy                     | 36-3664515                               | 0.34%                                    |

| (a)<br>Name of Participating Employer                     | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|-----------------------------------------------------------|------------------------------------------|------------------------------------------|
| Mary's Culinary Crafts, LLC                               | 45-1058086                               | 0.08%                                    |
| Bassett Furniture of Salt Lake                            | 45-4102879                               | 0.14%                                    |
| Paradigm High School                                      | 20-3338204                               | 0.16%                                    |
| Premier Plastics, Inc.                                    | 87-0468504                               | 0.80%                                    |
| Thermal Engineering, LLC                                  | 26-1683138                               | 0.64%                                    |
| Lehi ALOP, LLC                                            | 90-0769215                               | 0.17%                                    |
| Leadership Learning Academy                               | 45-3821104                               | 0.13%                                    |
| G & S Crane Service                                       | 20-4243936                               | 0.78%                                    |
| Career Path High                                          | 46-2398951                               | 0.03%                                    |
| Big Leap, LLC                                             | 26-3326691                               | 0.14%                                    |
| Guest Blog Poster, LLC                                    | 45-4864286                               | 0.03%                                    |
| Ascent Academies of Utah                                  | 46-2680772                               | 0.12%                                    |
| Griffin Hill Integrity Sales Company, LLC                 | 46-3275660                               | 0.18%                                    |
| Wheatland Seed, LLC                                       | 46-2662509                               | 0.93%                                    |
| Griffith Engineering Services LLC                         | 43-2096356                               | 0.11%                                    |
| Curtis Miner Architecture LLC                             | 87-0660657                               | 0.86%                                    |
| Wyoelectric, Inc.                                         | 30-1496512                               | 0.53%                                    |
| Physician's Choice Home Health Care                       | 48-1303361                               | 0.53%                                    |
| Creminelli Fine Meats                                     | 20-5519449                               | 1.60%                                    |
| Select Comfort Systems LLC                                | 20-5685661                               | 0.12%                                    |
| Unlimited Construction                                    | 45-3053996                               | 0.09%                                    |
| Culinary Crafts Catering LLC                              | 46-4367263                               | 0.20%                                    |
| Brent Bowen, M.D.P.C. (Salt Lake Spine & Sports Medicine) | 87-0573977                               | 0.05%                                    |
| JnL Trucking, Inc.                                        | 26-0221911                               | 0.00%                                    |
| ServSix US Corp                                           | 33-1220025                               | 0.01%                                    |
| Murray Holiday Inn Express                                | 46-3496789                               | 0.00%                                    |
| Pennbridge Gunnison MT, LLC                               | 26-1104686                               | 0.00%                                    |
| Pennbridge Lodging Corp                                   | 46-2499247                               | 0.05%                                    |
| Pennbridge TF, LLC                                        | 46-3189683                               | 0.01%                                    |
| Northgate Hotel, LLC                                      | 26-2990316                               | 0.00%                                    |
| Five Star Auto Direct LLC                                 | 87-0577266                               | 0.01%                                    |
| Kearn's Towing & Recovery LLC                             | 45-3456024                               | 0.00%                                    |
| Stauffer's Towing                                         | 85-2523038                               | 0.02%                                    |
| Mountain West Montessori Academy                          | 46-2729463                               | 0.01%                                    |
| Clear Horizons Academy                                    | 20-2697232                               | 0.02%                                    |
| Wyoming Fabrication & Machine                             | 20-1717127                               | 1.36%                                    |
| Bright Ladder LLC                                         | 45-5305182                               | 0.00%                                    |
| Guardian Survival Gear Inc.                               | 20-5611044                               | 0.00%                                    |
| Roth Ag-Construction & Equipment, Inc                     | 47-1621310                               | 0.04%                                    |
| Quality Railing & Steel, LLC                              | 46-5764797                               | 0.00%                                    |
| ATF Holdings, LLC                                         | 46-3982235                               | 0.00%                                    |
| Bitterroot Holdings, LLC                                  | 80-0870618                               | 0.00%                                    |
| Keylock Storage Holdings, LLC                             | 46-3729801                               | 0.00%                                    |
| Ryte Corp                                                 | 47-1374750                               | 0.00%                                    |
| OptiCat LLC                                               | 26-4731828                               | 0.00%                                    |

| (a)<br>Name of Participating Employer       | (b)<br>Employer Identification<br>Number | (c)<br>Percent of Total<br>Contributions |
|---------------------------------------------|------------------------------------------|------------------------------------------|
| Align BI, LLC                               | 26-3313686                               | 0.00%                                    |
| Mountain View Staging                       | 87-0670522                               | 0.00%                                    |
| Social5 LLC                                 | 36-4728612                               | 0.00%                                    |
| A Plus Benefits Inc. 401(k) Retirement Plan | 26-2875498                               | 0.00%                                    |
| Mountain West Truck Center                  | 87-0467435                               | 0.00%                                    |
| Intermountain Spine Partners, LLC           | 26-2977151                               | 0.00%                                    |
| Grouser Sales LTD                           | 77-0722760                               | 0.00%                                    |
| TSA Specialized, LLC                        | 46-2141095                               | 0.00%                                    |
| Brief Physical Therapy                      | 46-0601295                               | 0.00%                                    |
| Toyakoi Ventures LLC                        | 27-2672328                               | 0.00%                                    |
| Heber ALOP LLC                              | 27-3720702                               | 0.00%                                    |
| Mosaic House LLC                            | 61-1749893                               | 0.00%                                    |

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost | Current<br>Value |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|------------------|
| * AEGON Balanced                                         | Pooled accounts                                                                                                 | **   | \$ 643,062       |
| * AllianceBernstein High Income                          | Pooled accounts                                                                                                 | **   | 372,742          |
| * Am. Century One Choice 2015                            | Pooled accounts                                                                                                 | **   | 207,495          |
| * Am. Century One Choice 2020                            | Pooled accounts                                                                                                 | **   | 386,397          |
| * Am. Century One Choice 2025                            | Pooled accounts                                                                                                 | **   | 1,819,316        |
| * Am. Century One Choice 2030                            | Pooled accounts                                                                                                 | **   | 1,116,640        |
| * Am. Century One Choice 2035                            | Pooled accounts                                                                                                 | **   | 1,096,750        |
| * Am. Century One Choice 2040                            | Pooled accounts                                                                                                 | **   | 1,167,597        |
| * Am. Century One Choice 2045                            | Pooled accounts                                                                                                 | **   | 501,215          |
| * Am. Century One Choice 2050                            | Pooled accounts                                                                                                 | **   | 412,785          |
| * Am. Century One Choice Income                          | Pooled accounts                                                                                                 | **   | 56,776           |
| * American Funds EuroPac Growth                          | Pooled accounts                                                                                                 | **   | 583,109          |
| * American Century OC 2055                               | Pooled accounts                                                                                                 | **   | 19,077           |
| * American Funds New Prospect                            | Pooled accounts                                                                                                 | **   | 37,409           |
| * BlackRock Equity Dividend                              | Pooled accounts                                                                                                 | **   | 253,071          |
| * BlackRock Health Sciences Ops                          | Pooled accounts                                                                                                 | **   | 885,633          |
| * ClearBridge Small Cap Growth                           | Pooled accounts                                                                                                 | **   | 190,236          |
| * Columbia Acorn International                           | Pooled accounts                                                                                                 | **   | 164,152          |
| * Invesco American Value Ret Acct                        | Pooled accounts                                                                                                 | **   | 32,879           |
| * Ivy Science & Technology                               | Pooled accounts                                                                                                 | **   | 495,879          |
| * Janus Balanced Ret Acct                                | Pooled accounts                                                                                                 | **   | 174,606          |
| * JPMorgan Extended Duration                             | Pooled accounts                                                                                                 | **   | 331,150          |
| * Loomis Sayles Inv Grade Bond                           | Pooled accounts                                                                                                 | **   | 284,970          |
| * Lord Abbett Fundamental Equity                         | Pooled accounts                                                                                                 | **   | 25,199           |
| * M&N Pro-Mix Conservative Term                          | Pooled accounts                                                                                                 | **   | 1,580,931        |
| * M&N Pro-Mix Extended Term                              | Pooled accounts                                                                                                 | **   | 17,142,298       |
| * M&N Pro-Mix Maximum Term                               | Pooled accounts                                                                                                 | **   | 2,547,013        |
| * M&N Pro-Mix Moderate Term                              | Pooled accounts                                                                                                 | **   | 2,931,255        |
| * MFS Massachusetts Investors                            | Pooled accounts                                                                                                 | **   | 785,634          |
| * Morgan Stanley Growth                                  | Pooled accounts                                                                                                 | **   | 902,001          |
| * Neuberger Berman Genesis                               | Pooled accounts                                                                                                 | **   | 236,890          |
| * Pioneer Strategic Income                               | Pooled accounts                                                                                                 | **   | 177,471          |
| * Prudential Jennison MidCap Grw                         | Pooled accounts                                                                                                 | **   | 434,056          |
| * Prudential Jennison Nat Res                            | Pooled accounts                                                                                                 | **   | 321,681          |
| * Prudential Jennison Utility Ret Acct                   | Pooled accounts                                                                                                 | **   | 247,816          |
| * RidgeWorth Lg Cap Val Equity                           | Pooled accounts                                                                                                 | **   | 965,053          |
| * RidgeWorth Mid-Cap Value Eq                            | Pooled accounts                                                                                                 | **   | 591,862          |
| * SSgA Emerging Markets Ind                              | Pooled accounts                                                                                                 | **   | 391,862          |
| * SSgA Russell LC Value Index                            | Pooled accounts                                                                                                 | **   | 84,980           |
| * SSgA Russell Lg Cap Grth Ind                           | Pooled accounts                                                                                                 | **   | 182,320          |

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis) (Continued)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value       | Cost | Current<br>Value     |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------|----------------------|
| * SSgA Russell SC Growth Index                           | Pooled accounts                                                                                                       | **   | \$ 97,797            |
| * SSgA Russell SC Value Index                            | Pooled accounts                                                                                                       | **   | 24,556               |
| * SSgA S&P Mid Cap Index                                 | Pooled accounts                                                                                                       | **   | 290,446              |
| * Templeton Global Bond                                  | Pooled accounts                                                                                                       | **   | 147,391              |
| * Thornburg Invst Income Builder                         | Pooled accounts                                                                                                       | **   | 56,382               |
| * Transamerica Partners Hg Yd Bd                         | Pooled accounts                                                                                                       | **   | 179,331              |
| * Transamerica Partners Stk Idx                          | Pooled accounts                                                                                                       | **   | 603,126              |
| * Transamerica Small/Mid Cap Val                         | Pooled accounts                                                                                                       | **   | 267,279              |
| * Vanguard LifeStgy Conserv Grth                         | Pooled accounts                                                                                                       | **   | 81,363               |
| * Vanguard LifeStrategy Grth                             | Pooled accounts                                                                                                       | **   | 280,485              |
| * Vanguard LifeStrategy Income                           | Pooled accounts                                                                                                       | **   | 16,008               |
| * Vanguard LifeStrategy Mod Grth                         | Pooled accounts                                                                                                       | **   | 113,299              |
| * Vanguard REIT Index                                    | Pooled accounts                                                                                                       | **   | 318,583              |
| * Vanguard Small-Cap Index                               | Pooled accounts                                                                                                       | **   | 208,590              |
| * Vanguard Total Stk Market Ind                          | Pooled accounts                                                                                                       | **   | 144,495              |
| * Wells Fargo Adv Discovery                              | Pooled accounts                                                                                                       | **   | 187,570              |
| * WF Precious Metals                                     | Pooled accounts                                                                                                       | **   | 159,925              |
|                                                          |                                                                                                                       |      | <u>\$ 43,957,895</u> |
| * Transamerica Stable Value Core Account                 | Investment contract                                                                                                   | **   | <u>\$ 2,184,573</u>  |
| Participant Loans                                        | Participant loans secured by<br>participants vested accrued<br>benefit. Interest rates varied<br>from 4.25% to 8.00%. | \$ - | <u>\$ 850,151</u>    |

\* Transamerica Financial Life Insurance Company is a party in interest.

\*\*Cost information is not required for participant directed investments.

**A PLUS BENEFITS, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4a – Schedule Of Delinquent Participant Contributions**  
**(Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #001**  
**December 31, 2014**

| Participant Contributions Transferred Late to Plan             | Total That Constitutes Nonexempt Prohibited Transactions |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
|----------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Check Here if Late Participant Loan Repayments are Included: ✓ | Contributions Not Corrected                              | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
| \$ 5,483                                                       | \$ -                                                     | \$ -                                 | \$ -                                     | \$ 5,483                                         |