

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 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 checked="" 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>HEALTHCARE SOLUTIONS, INC. 401(K) 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>01/01/2006</u></td> </tr> </table>                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2006</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2006</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>HEALTHCARE SOLUTIONS, INC.</u><br><br><u>2736 MEADOW CHURCH RD</u><br><u>STE 300</u><br><u>DULUTH, GA 30097</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>26-0080565</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>678-730-0451</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>524290</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>26-0080565</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>678-730-0451</u> | <b>2d</b> Business code (see instructions)<br><u>524290</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>26-0080565</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>678-730-0451</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>524290</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. | 10/15/2015 | DAVID E. STRAUSS                                             |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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>                                                  | 877                                           |
| <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>                                              | 760                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |                                     | <b>6a(2)</b>                                              | 760                                           |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |                                     | <b>6b</b>                                                 | 0                                             |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |                                     | <b>6c</b>                                                 | 135                                           |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |                                     | <b>6d</b>                                                 | 895                                           |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |                                     | <b>6e</b>                                                 | 1                                             |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |                                     | <b>6f</b>                                                 | 896                                           |
| <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>                                                 | 478                                           |
| <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>                                                 | 21                                            |
| <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>2E  2F  2G  2J  2K  2T  3D  3H   |                                     |                                                           |                                               |
| <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 type="checkbox"/>            | Insurance                                                 |                                               |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                |                                               |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | Trust                                                     |                                               |
| (4)                                                                                                                                                                                              | <input type="checkbox"/>            | General assets of the sponsor                             |                                               |
| (1)                                                                                                                                                                                              | <input type="checkbox"/>            | Insurance                                                 |                                               |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                |                                               |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | Trust                                                     |                                               |
| (4)                                                                                                                                                                                              | <input type="checkbox"/>            | 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 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"/>                      |
|                                                                                                                                                                                                  |                                     |                                                           | <b>C</b> (Service Provider Information)       |
|                                                                                                                                                                                                  |                                     |                                                           | <b>D</b> (DFE/Participating Plan Information) |
|                                                                                                                                                                                                  |                                     |                                                           | <b>G</b> (Financial Transaction Schedules)    |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider 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                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <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>HEALTHCARE SOLUTIONS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HEALTHCARE SOLUTIONS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-0080565</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  
AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
BLACKROCK INVESTMENTS, INC.

23-2784752

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
FRANKLIN TEMPLETON DISTRIBUTORS 100 FOUNTAIN PARKWAY  
ST. PETERSBURG, FL 33716

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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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FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

---

GOLDMAN SACHS  
71 SOUTH WACKER DRIVE  
SUITE 500  
CHICAGO, IL 60606

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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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INVESCO DISTRIBUTORS, INC.

74-1894784

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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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IVY FUNDS, INC.  
6300 LAMAR AVENUE  
PO BOX 29217  
SHAWNEE MISSION, KS 66201

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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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J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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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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JOHN HANCOCK FUNDS, LLC  
601 CONGRESS STREET  
BOSTON, MA 02210

---

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

---

LORD ABBETT DISTRIBUTOR, LLC  
90 HUDSON STREET  
JERSEY CITY, NJ 07032

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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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MFS FUND DISTRIBUTORS, INC.

04-2747644

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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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NATIXIS DISTRIBUTORS, L.P.

399 BOYLSTON STREET  
BOSTON, MA 02116

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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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NUVEEN INVESTMENTS

333 W. WACKER DR  
CHICAGO, IL 60606

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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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NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE  
PARSIPPANY, NJ 07054

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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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OPPENHEIMER FUNDS INC.

13-2527171

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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)

ADP, LLC

13-3036745

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 37 50 15 64                   | RECORDKEEPER                                                                                             | 6724                                                                          | 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"/>                                 |

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

STATE STREET CORPORATION

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 99                         | TRUSTEE/CUSTODIAN                                                                                        | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 500                                                                                                                                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

ADP BROKER-DEALER

22-3319984

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 59 60 63 99                | RECORDKEEPER                                                                                             | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input 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)

RAYMOND JAMES

1325 SATELLITE BLVD SUITE 1502  
SUWANEE, GA 30024

| <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? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 49 99                            | ADVISOR                                                                                                              | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

| <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? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | 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>(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? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | 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 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| RAYMOND JAMES                                                                            | 99                                                                                                                                                                                   | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                                                                                                                                                                      |                                           |
| ADP BROKER-DEALER<br><br>22-3319984                                                      | .0025 BASIS POINTS                                                                                                                                                                   |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                           |                                                                                                                                                                                      |                                           |
| ADP BROKER-DEALER                                                                        | 59 60 63                                                                                                                                                                             | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                                                                                                                                                                      |                                           |
| ALLIANZ GLOBAL INVESTORS DISTRIB.      1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00200 OF AVERAGE DAILY ASSETS                                                                                             |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                           |                                                                                                                                                                                      |                                           |
| ADP BROKER-DEALER                                                                        | 59 60 63                                                                                                                                                                             | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>               |                                                                                                                                                                                      |                                           |
| AMERICAN FUNDS DISTRIBUTORS, INC.<br><br>95-2769620                                      | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00100 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00100 OF AVERAGE DAILY ASSETS |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                                     | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| BLACKROCK INVESTMENTS, INC.<br><br>23-2784752                                         | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00200 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS                                               |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                                     | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| FRANKLIN TEMPLETON DISTRIBUTORS      100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                                     | 59 60                                                                                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| FRED ALGER & COMPANY, INCORPORATED<br><br>13-2510833                                  | ANNUAL RATE .00500 OF AVERAGE DAILY ASSETS                                                                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                                 | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                                                                                                                                                                                                                    |                                           |
| GOLDMAN SACHS<br>71 SOUTH WACKER DRIVE<br>SUITE 500<br>CHICAGO, IL 60606          | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS                                                                                                                                                                                         |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                    |                                                                                                                                                                                                                                    |                                           |
| ADP BROKER-DEALER                                                                 | 59 60 63 99                                                                                                                                                                                                                        | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                                                                                                                                                                                                                    |                                           |
| INVESCO DISTRIBUTORS, INC.<br><br>74-1894784                                      | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00350 OF AVERAGE DAILY ASSETS |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>                    |                                                                                                                                                                                                                                    |                                           |
| ADP BROKER-DEALER                                                                 | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b>        |                                                                                                                                                                                                                                    |                                           |
| IVY FUNDS, INC.<br>6300 LAMAR AVENUE<br>PO BOX 29217<br>SHAWNEE MISSION, KS 66201 | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00200 OF AVERAGE DAILY ASSETS                                                                                                                                           |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                             | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| J.P. MORGAN INVESTMENT MANAGEMENT<br><br>13-3200244                           | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                             | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| JOHN HANCOCK FUNDS, LLC<br><br>601 CONGRESS STREET, 9145<br>BOSTON, MA 02210  | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS                                                                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation |
| ADP BROKER-DEALER                                                             | 59 60 63                                                                                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                                 |                                           |
| LORD ABBETT DISTRIBUTOR, LLC<br><br>90 HUDSON STREET<br>JERSEY CITY, NJ 07032 | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS                                                                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                                                                                                   | (b) Service Codes<br>(see instructions)                                                  | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                                                                                                                         | 59 60 63                                                                                 | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                                                                          |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                                                          |                                           |
| MFS FUND DISTRIBUTORS, INC.<br><br>04-2747644                                                                                                                             | ANNUAL RATE .00500 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00150 OF AVERAGE DAILY ASSETS |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                                                                          |                                           |
| <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            |                                                                                          |                                           |
| <b>(c)</b> Enter amount of indirect compensation                                                                                                                          |                                                                                          |                                           |
| ADP BROKER-DEALER                                                                                                                                                         | 59 60 63                                                                                 | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                                                                          |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                                                          |                                           |
| NATIXIS DISTRIBUTORS, L.P.<br><br>399 BOYLSTON STREET<br>BOSTON, MA 02116                                                                                                 | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00200 OF AVERAGE DAILY ASSETS |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                                                                          |                                           |
| <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            |                                                                                          |                                           |
| <b>(c)</b> Enter amount of indirect compensation                                                                                                                          |                                                                                          |                                           |
| ADP BROKER-DEALER                                                                                                                                                         | 59 60 63                                                                                 | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                                                                          |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                                                          |                                           |
| NUVEEN INVESTMENTS<br><br>333 W. WACKER DR<br>CHICAGO, IL 60606                                                                                                           | ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br>ANNUAL RATE .00150 OF AVERAGE DAILY ASSETS |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                                                                                                                                                                                                                                                                                                                                                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ADP BROKER-DEALER                                                                                                                                                                                                                                                                                                                                                                                                              | 59 60 63                                | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>NYLIFE DISTRIBUTORS, LLC      169 LACKAWANNA AVENUE<br/>PARSNIPPANY, NJ 07054</p>                                                                                                                                                                                                                                                         |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE .00050 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE .00050 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS</p> |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p>                                                                                                                                                                                                                                                                                                                                 |                                         |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>OPPENHEIMER FUNDS INC.</p> <p>13-2527171</p>                                                                                                                                                                                                                                                                                              |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS<br/>ANNUAL RATE .00250 OF AVERAGE DAILY ASSETS</p>                                                                                                                                              |                                         |                                           |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p>                                                                                                                                                                                                                                                                                                                                 |                                         |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>STATE STREET CORPORATION</p> <p>04-1867445</p>                                                                                                                                                                                                                                                                                            |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE .00670 OF AVERAGE DAILY ASSETS</p>                                                                                                                                                                                             |                                         |                                           |

**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><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <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><hr/> <b>2014</b><br><br><hr/> <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>HEALTHCARE SOLUTIONS, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HEALTHCARE SOLUTIONS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-0080565</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) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET

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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>27-3884161-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>486187</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0337987-344</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>694644</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <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>HEALTHCARE SOLUTIONS, INC. 401(K) 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>HEALTHCARE SOLUTIONS, INC.</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>26-0080565</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>    |                       | 8441            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       | 52032           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (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>    | 169148                | 188005          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 1119746               | 1180831         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (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>   | 10228771              | 14195732        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (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>    | 11517665              | 15625041        |

**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> | 11517665 | 15625041 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 336557     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2149899    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 352375     |           |
| (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>    |            | 2838831   |

**b Earnings on investments:****(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> | 10164 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 10164 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (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> | 1270492 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 1270492 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (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> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets.<br>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)  |            | 86769     |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -500733   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3705523   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1477188 |         |
| (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) |         | 1477188 |
| f Corrective distributions (see instructions).....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 6723    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 6723    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1483911 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 2221612 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  | 1885764 |
| (2) From this plan.....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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>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.) .....                               |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <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? .....                                                                                       |     | X  |        |
| <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? .....                                                    |     | X  |        |
| <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? .....                                          |     | X  |        |
| <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.) .....                                                                | X   |    |        |
| <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.) ..... |     | X  |        |
| <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? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <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.) .....                                                                                                  |     | X  |        |
| <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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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 |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</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<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<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>HEALTHCARE SOLUTIONS, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HEALTHCARE SOLUTIONS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-0080565</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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): <u>57-1198022</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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 |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <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): \_\_\_\_\_

**Healthcare Solutions, Inc. 401(k) Plan**

Financial Statements and Supplemental Schedule

December 31, 2014

(With Independent Auditor's Report Thereon)

# Healthcare Solutions, Inc. 401(k) Plan

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## Independent Auditor's Report

To the Plan Administrator and Participants  
Healthcare Solutions, Inc. 401(k) Plan  
Duluth, Georgia

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Healthcare Solutions, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 United States 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 3, which was certified or provided by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate to the best of their knowledge.

### Disclaimer of Opinion

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

### Emphasis of Matter

As discussed in Note 10 to the financial statements, on April 8, 2015, Catamaran LLC completed the acquisition of Healthcare Solutions, Inc. and Subsidiaries, the Plan Sponsor. As a result of this acquisition, the Plan was terminated the day before closing on April 7, 2015.

### Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014, is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedule.

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

The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified or provided by the trustee, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*McGladrey LLP*

Atlanta, Georgia

October 12, 2015

# Healthcare Solutions, Inc. 401(k) Plan

## Statements of Net Assets Available for Benefits December 31, 2014 and 2013

|                                                                                                                                   | 2,014         | 2,013         |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Assets:                                                                                                                           |               |               |
| Investments, at fair value                                                                                                        | \$ 15,376,563 | \$ 11,348,517 |
| Receivables:                                                                                                                      |               |               |
| Participant contributions                                                                                                         | 52,032        | 56,399        |
| Employer contributions                                                                                                            | 8,441         | 9,585         |
| Notes receivable from participants                                                                                                | 188,005       | 169,148       |
| Total receivables                                                                                                                 | 248,478       | 235,132       |
| Total assets reflecting investments, at fair value                                                                                | 15,625,041    | 11,583,649    |
| Liabilities:                                                                                                                      |               |               |
| Excess contributions                                                                                                              | 3,153         | —             |
| Net assets available for benefits, at fair value                                                                                  | 15,621,888    | 11,583,649    |
| Adjustment from fair value to contract value for common collective trust relating to fully benefit-responsive investment contract | (6,996)       | (4,615)       |
| Net assets available for benefits                                                                                                 | \$ 15,614,892 | \$ 11,579,034 |

See accompanying notes to financial statements.

# Healthcare Solutions, Inc. 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits Years ended December 31, 2014 and 2013

|                                                      | 2,014         |
|------------------------------------------------------|---------------|
| Additions:                                           |               |
| Investment income:                                   |               |
| Interest and dividends                               | \$ 1,273,246  |
| Net depreciation in value of investments             | (419,099)     |
|                                                      | 854,147       |
| Interest on notes receivable from participants       | 10,164        |
| Contributions:                                       |               |
| Employer                                             | 326,972       |
| Participant                                          | 2,090,347     |
| Rollover                                             | 352,375       |
|                                                      | 2,769,694     |
| Total additions                                      | 3,634,005     |
| Deductions:                                          |               |
| Benefits paid to participants                        | 1,477,188     |
| Administrative expenses                              | 6,723         |
| Total deductions                                     | 1,483,911     |
| Net increase in net assets available for benefits    | 2,150,094     |
| Transfer of assets upon Plan merger                  | 1,885,764     |
| Net assets available for benefits, beginning of year | 11,579,034    |
| Net assets available for benefits, end of year       | \$ 15,614,892 |

See accompanying notes to financial statements.

## Healthcare Solutions, Inc. 401(k) Plan

### NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

#### (1) Description of the Plan

The following description of the Healthcare Solutions, Inc. (Plan Sponsor or Company) 401(k) Plan (Plan) provides only general information. Interested parties should refer to the plan document for a more complete description of the Plan's provisions.

**General:** The Plan's effective date was January 1, 2006. The Plan is a defined contribution plan covering substantially all employees of the Company who have attained age 18, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees are eligible to participate in the Plan on the first day of the month after they have met the eligibility requirements. The Plan Administrator is responsible for oversight of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Administrative Committee.

**Accounting records:** The accounting records with respect to investment transactions are maintained by State Street Bank and Trust Company (State Street), the trustee of the Plan. ADP is the recordkeeper and maintains participant level records.

**Contributions:** The Plan allows participants to contribute up to 80% of their eligible compensation, as defined by the Plan, on a tax-deferred or after-tax basis subject to Internal Revenue Service regulation limitations. The Company matches 25% of the first 6% of a participant's compensation that is contributed into the Plan. The Plan also permits non-elective contributions at the discretion of the Company. No non-elective contributions were made for the year ended December 31, 2014.

**Participant accounts:** Each participant's account is credited with the participant's contribution and the Company's matching contributions and allocations of (a) the Company's non-elective discretionary contributions and (b) plan earnings and losses, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their voluntary contributions plus actual earnings and losses thereon or upon death, disability or attainment of age 65. Vesting in the employer's contributions and earnings thereon is based on years of service. A participant is 100% vested after three years of credited services.

**Forfeited accounts:** When termination of participation in the Plan occurs, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce future employer matching contributions. At December 31, 2014 and 2013, there were no forfeited non-vested account balances. For the year ended December 31, 2014, employer contributions were reduced by \$13,164 from forfeited non-vested accounts. However, if the participant is re-employed and fulfills certain requirements, as defined by the Plan, the participant's account will be reinstated. When the Plan is terminated, all unvested balances in the Plan become 100% vested whether the participant is still employed or not.

**Investment options:** Upon enrollment in the Plan, a participant may direct all contributions into selected investment options as made available and determined by the Plan Administrator. Participants have daily access to their investment balances. Changes may be self-directed by the participants through internet or telephone transfers.

**Payment of benefits:** Upon leaving the Company for retirement, termination, disability or death, a participant or designated beneficiary may elect to receive a lump sum distribution or installment equal to the value of the participant's vested interest in his or her account balance at the date of distribution. Participants may withdraw all or part of their vested account balance upon reaching age 59½. Rollover contributions may be withdrawn at any time. In the event of a financial hardship, a participant may withdraw any elective deferrals and any vested employer contributions.

**Notes receivable from participants:** Participants may borrow from their accounts up to a maximum equal to the lesser of 50% of the present value of the non-forfeitable accrued benefit under the Plan, or \$50,000 reduced by the excess (if any) of the highest outstanding balance of loans from the Plan to the participant during the one year period ending on the day before the date on which such loan is made. The minimum loan is \$500. A loan is secured by the balance in the participant's account and bears interest at a rate equal to the prime rate as of the 14th of the month the loan is effective plus two percentage points. These rates range from 3.25% to 6.50% on loans outstanding as of December 31, 2014 and mature through 2044. Principal and interest are paid through semi-monthly payroll deductions and must be fully repaid within five years, unless the loan is for the purchase of a primary residence then the loan may be repaid within a period of no more than thirty years.

#### (2) Summary of Significant Accounting Policies

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

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

**Valuation of investments 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. The Plan Administrator and management determine the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

The Plan has funds invested in the INVESCO Stable Asset Fund, a common collective trust fund, which is invested in investment contracts. 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 the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

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

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

**Notes receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the Plan Administrator deems the participant to be in default, the participant loan balance is reduced and the benefit payment is recorded.

**Contributions:** Contributions from Plan participants and the matching contribution from the Plan Sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Discretionary contributions are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed.

**Plan mergers:** On August 31, 2012, ScriptNet, LLC was acquired by Healthcare Solutions, Inc. and during 2014 its plan was merged with the Plan. As a result, net assets of \$1,885,764 were transferred to the control of the Plan in February 2014. The merger does not impact participant benefits as the benefit provisions were incorporated in the Plan.

**Payment of benefits:** Benefit payments are recorded when paid.

**Administrative expenses:** Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Administrative expenses include fees related to the administration of notes receivable from participants that are charged directly to the participant's account and certain record keeping fees paid by the Plan. Investment related expenses are included in the net appreciation of fair value of investments.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Subsequent events:** The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2014) through October 12, 2015, the date the financial statements were available to be issued.

**Income taxes:** GAAP requires the Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state, or local tax authorities for years before 2011.

**Recent accounting pronouncements:** In April 2013, the Financial Accounting Standards Board issued Accounting Standards Update No. 2013-07, Presentation of Financial Statements (Topic 205): Liquidation Basis of Accounting. This Update requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The Update requires disclosures about an entity's plan for liquidation, the methods and significant assumptions used to measure assets and liabilities, the type and amount of costs and income accrued, and the expected duration of the liquidation process. The amendment is effective for entities that determine liquidation is imminent during annual reporting periods beginning after December 15, 2013, and interim reporting periods therein. Entities should apply the requirements prospectively from the day that liquidation becomes imminent. Early adoption is permitted. Entities that use the liquidation basis of accounting as of the effective date in accordance with other Topics (for example, terminating employee benefit plans) are not required to apply the amendments. Instead, those entities may continue to apply the guidance in those other Topics until they have completed liquidation. Plan management is currently evaluating the impact this Update will have on the Plan's financial statements as a result of the decision to terminate the plan effective April 7, 2015.

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force). The purpose of this Update is to simplify plan accounting.

The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

**(3) Investments Certified by State Street Bank and Trust Company (Trustee) (Unaudited - see accompanying independent auditors' report)**

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information certified or provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is accurate and complete to the best of their knowledge and belief. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information included in the Plan's financial statements and supplemental schedule related to the following assets:

|                                                                                                                                                    | 2014          | 2013          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Investments                                                                                                                                        |               |               |
| Common collective trust fund at contract value                                                                                                     | \$ 1,173,835  | \$ 1,115,131  |
| Adjustment from contract value to fair value for interest in common collective trust fund relating to fully benefit-responsive investment contract | 6,996         | 4,615         |
| Common collective trust fund at fair value                                                                                                         | 1,180,831     | 1,119,746     |
| Registered investment companies (mutual funds)                                                                                                     | 14,195,732    | 10,228,771    |
|                                                                                                                                                    | \$ 15,376,563 | \$ 11,348,517 |
| Notes receivable from participants                                                                                                                 | \$ 188,005    | \$ 169,148    |

The trustee of the Plan also certified, to the best of their knowledge and belief, the accuracy and completeness of \$419,099 of net depreciation in the fair value of investments (including \$500,733 of depreciation and \$81,634 of appreciation relating to registered investment companies (mutual funds) and common collective trusts, respectively) and \$1,273,246 of interest and dividends related to the aforementioned investments and \$10,164 of interest on notes receivable from participants for the year ended December 31, 2014.

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

**(4) Investments**

The following table presents investments, at fair value, that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013:

|                                                | 2014      | 2013       |
|------------------------------------------------|-----------|------------|
| Investments, at fair value                     |           |            |
| Common collective trust funds                  |           |            |
| SSGA S&P 500 Index Fund                        | *         | \$ 648,965 |
| Registered investment companies (mutual funds) |           |            |
| Blackrock Global Allocation Fund               | 2,846,184 | 2,117,513  |
| Lord Abbett Fundamental Equity Fund            | 1,191,938 | 1,060,753  |
| Pimco Total Return Fund                        | *         | 634,486    |
| Alger Capital Appreciation Institutional Fund  | 1,064,381 | 801,767    |
| Goldman Sachs Mid Cap Value Fund               | 799,837   | 686,213    |

\* This investment did not exceed 5% of the Plan's net assets available for benefits or the investment was not included in the Plan's investments as of this date.

**(5) Fair Value Measurements**

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Registered investment companies (mutual funds):* Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common collective trust funds:* Valued based on the NAV of units of the common collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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.

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

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

|                                                 |    | December 31, 2014                               |                                               |                                                 |               |
|-------------------------------------------------|----|-------------------------------------------------|-----------------------------------------------|-------------------------------------------------|---------------|
|                                                 |    | Quoted Prices in<br>Active Markets<br>(Level 1) | Significant<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total         |
| Registered investment companies (mutual funds): |    |                                                 |                                               |                                                 |               |
| Large cap                                       | \$ | 8,952,143                                       | \$                                            | —                                               | \$ 8,952,143  |
| Mid cap                                         |    | 1,773,870                                       |                                               | —                                               | 1,773,870     |
| Small cap                                       |    | 1,260,275                                       |                                               | —                                               | 1,260,275     |
| Government                                      |    | 415,646                                         |                                               | —                                               | 415,646       |
| Real estate                                     |    | 494,377                                         |                                               | —                                               | 494,377       |
| Bond funds                                      |    | 1,299,421                                       |                                               | —                                               | 1,299,421     |
| Common collective trust funds                   |    |                                                 |                                               |                                                 |               |
| Large cap                                       |    | —                                               |                                               | 694,644                                         | 694,644       |
| Bond funds                                      |    | —                                               |                                               | 486,187                                         | 486,187       |
| Investments, at fair value                      | \$ | 14,195,732                                      | \$                                            | 1,180,831                                       | \$ 15,376,563 |

|                                                 |    | December 31, 2013                               |                                               |                                                 |               |
|-------------------------------------------------|----|-------------------------------------------------|-----------------------------------------------|-------------------------------------------------|---------------|
|                                                 |    | Quoted Prices in<br>Active Markets<br>(Level 1) | Significant<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total         |
| Registered investment companies (mutual funds): |    |                                                 |                                               |                                                 |               |
| Large cap                                       | \$ | 5,512,699                                       | \$ —                                          | \$ —                                            | \$ 5,512,699  |
| Mid cap                                         |    | 1,525,397                                       | —                                             | —                                               | 1,525,397     |
| Small cap                                       |    | 927,801                                         | —                                             | —                                               | 927,801       |
| Government                                      |    | 396,254                                         | —                                             | —                                               | 396,254       |
| Real estate                                     |    | 334,718                                         | —                                             | —                                               | 334,718       |
| Bond funds                                      |    | 1,531,902                                       | —                                             | —                                               | 1,531,902     |
| Common collective trust funds                   |    |                                                 |                                               |                                                 |               |
| Large cap                                       |    | —                                               | 648,965                                       | —                                               | 648,965       |
| Bond funds                                      |    | —                                               | 470,781                                       | —                                               | 470,781       |
| Investments, at fair value                      | \$ | 10,228,771                                      | \$ 1,119,746                                  | \$ —                                            | \$ 11,348,517 |

**(6) Net Asset Value Per Share**

The following tables set forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2014 and 2013:

| Fair Value Estimated Using Net Asset Value Per Share |                   |                   |                     |                      |                               |                          |  |
|------------------------------------------------------|-------------------|-------------------|---------------------|----------------------|-------------------------------|--------------------------|--|
| Fair Value                                           |                   |                   |                     |                      |                               |                          |  |
|                                                      | December 31, 2014 | December 31, 2013 | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |  |
| Invesco Stable Asset                                 |                   |                   |                     |                      |                               |                          |  |
| ADP 85 Trust Fund (a)                                | \$ 486,187        | \$ 470,781        | \$ —                | Daily                | None                          | 12 months                |  |
| SSGA S&P 500 Index                                   |                   |                   |                     |                      |                               |                          |  |
| Trust Fund (b)                                       | 694,644           | 648,965           | —                   | Daily                | None                          | None                     |  |

(a) The investment objective of the fund shall be to seek preservation of principal while seeking a rate of return which, over time, is competitive with rates of return earned over an extended period of time by comparable fixed income investment products. The fund

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

provides its investors with a medium for collective investment and reinvestment in one or more bank, insurance company or synthetic investment contracts, and in short-term investments or other collective investment funds.

(b) The investment seeks to replicate the total return of the S&P 500 index. It invests at least 80% of total assets in stocks in the S&P 500 index in proportion to their weighting. The fund may also invest in futures, options and other derivatives.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no transfers in or out of Levels.

**(7) Party-in-Interest Transactions**

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Plan Sponsor are considered party-in-interest transactions. State Street is the trustee of the Plan. Therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$6,723 for the year ended December 31, 2014. The Plan Sponsor also paid certain administrative expenses of the Plan.

**(8) Income Tax Status**

The Plan adopted a non-standardized form of a prototype plan sponsored by Automatic Data Processing Federal Credit Union. The prototype plan has received an opinion letter dated March 31, 2008 from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the adoption of the prototype plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

**(9) Reconciliation of Financial Statements to Form 5500**

The following are reconciliations of net assets available for benefits per the financial statements to the Form 5500:

|                                                                                                                                               | 2014          | 2013          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Net assets available for benefits - financial statements                                                                                      | \$ 15,614,892 | \$ 11,579,034 |
| Adjustments for:                                                                                                                              |               |               |
| Participant contributions receivable                                                                                                          | —             | (56,399)      |
| Employer contributions receivable                                                                                                             | —             | (9,585)       |
| Investments - participant loans                                                                                                               | 188,005       | 169,148       |
| Receivables - notes receivable from participants                                                                                              | (188,005)     | (169,148)     |
| Excess contribution payable                                                                                                                   | 3,153         | —             |
| Adjustment from contract value to fair value for interest in common collective trust relating to fully benefit-responsive investment contract | 6,996         | 4,615         |
| Net assets available for benefits - Form 5500                                                                                                 | \$ 15,625,041 | \$ 11,517,665 |

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

|                                                                                                                                                         | Year ended<br>December 31, 2014 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Net increase in net assets available for benefits per the financial statements                                                                          | \$ 2,150,094                    |
| Adjustments for:                                                                                                                                        |                                 |
| Change in excess contribution payable                                                                                                                   | 3,153                           |
| Change in adjustment from contract value to fair value for interest in common collective trust relating to fully benefit-responsive investment contract | 2,381                           |
| Participant contributions receivable at December 31, 2013                                                                                               | 56,399                          |
| Employer contributions receivable at December 31, 2013                                                                                                  | 9,585                           |
| Net income per the form 5500                                                                                                                            | \$ 2,221,612                    |

**Healthcare Solutions, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS - (Continued)**

**(10) Subsequent Events**

In connection with preparation of the Plan's financial statements and in accordance with ASC Topic 855, *Subsequent Events*, the Plan evaluated subsequent events after the Plan's statement of net assets available for benefits date of December 31, 2014 through October 12, 2015, which was the date the financial statements were available to be issued.

On September 13, 2013, Modern Medical, Inc. was acquired by Healthcare Solutions, Inc. and its plan was subsequently terminated. In January 2015, all assets of Modern Medical Inc. 401(k) Plan totaling \$5,439,353 were transferred to the Plan. Notes receivable from participants, and target retirement date collective trusts were transferred in-kind to the Plan. Other registered investment companies shares and collective trusts were liquidated and transferred in cash to the Plan to be invested subsequent to year-end.

On April 8, 2015, Catamaran LLC completed the acquisition of the Company. As a result of this acquisition, the Plan was terminated the day before closing on April 7, 2015. At the plan termination, participants became fully vested in their respective account balances. All plan termination provisions will be completed shortly after the plan end, (i.e. true-up provision). Employees will have the opportunity to roll their balances into the Catamaran LLC plan if they wish. Participants with loans will be able to roll their loans over to Catamaran LLC so they do not default if they continue employment and wish to continue loan payments.

**Healthcare Solutions, Inc. 401(k) Plan**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

| (a) | (b)                                                           | (c)                                                                                                             | (d)         | (e)                  |
|-----|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Identity of issuer, borrower, lessor, or similar party</b> | <b>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</b> | <b>Cost</b> | <b>Current value</b> |
|     |                                                               | <b>Registered investment companies (mutual funds)</b>                                                           |             |                      |
|     | Blackrock                                                     | Global Allocation                                                                                               | **          | \$ 2,846,184         |
|     | Lord Abbett                                                   | Fundamental Equity Fund                                                                                         | **          | 1,191,938            |
|     | Alger Capital                                                 | Appreciation Institutional Fund                                                                                 | **          | 1,064,381            |
|     | Goldman Sachs                                                 | Mid Cap Value Fund                                                                                              | **          | 799,837              |
|     | John Hancock                                                  | Bond Fund R2                                                                                                    | **          | 770,899              |
|     | Blackrock                                                     | Basic Value Institutional Fund                                                                                  | **          | 766,487              |
|     | Nuveen                                                        | Mid Cap Index A                                                                                                 | **          | 674,955              |
|     | Mainstay                                                      | Moderate Growth Allocation Inv                                                                                  | **          | 647,964              |
|     | Franklin Templeton                                            | Small Cap Growth                                                                                                | **          | 576,590              |
|     | Franklin Templeton                                            | Small Cap Value Fund                                                                                            | **          | 563,605              |
|     | Invesco                                                       | Real Estate                                                                                                     | **          | 494,377              |
|     | Loomis Sayles                                                 | Strategic Income A                                                                                              | **          | 479,775              |
|     | MFS                                                           | Government Securities                                                                                           | **          | 415,646              |
|     | Blackrock                                                     | High Yield Bond                                                                                                 | **          | 355,017              |
|     | American Funds                                                | EuroPacific Growth                                                                                              | **          | 324,431              |
|     | Mainstay                                                      | Moderate Allocation Inv                                                                                         | **          | 311,828              |
|     | Ivy                                                           | Mid Cap Growth A                                                                                                | **          | 299,078              |
|     | American Funds                                                | New Perspective                                                                                                 | **          | 261,256              |
|     | JP Morgan                                                     | Smart Retirement 2035 A                                                                                         | **          | 253,766              |
|     | Invesco                                                       | International Growth                                                                                            | **          | 176,494              |
|     | Oppenheimer                                                   | International Bond Fund                                                                                         | **          | 173,505              |
|     | Invesco                                                       | Mutual Fund                                                                                                     | **          | 120,080              |
|     | Franklin Templeton                                            | Mutual Fund                                                                                                     | **          | 114,608              |
|     | JP Morgan                                                     | Mutual Fund                                                                                                     | **          | 101,619              |
|     | Mainstay                                                      | Mutual Fund                                                                                                     | **          | 99,873               |
|     | JP Morgan                                                     | Smart Retirement 2020 A                                                                                         | **          | 85,334               |
|     | JP Morgan                                                     | Smart Retirement 2030 A                                                                                         | **          | 59,259               |
|     | JP Morgan                                                     | Smart Retirement 2040 A                                                                                         | **          | 54,811               |
|     | JP Morgan                                                     | Smart Retirement 2050 A                                                                                         | **          | 45,709               |
|     | JP Morgan                                                     | Smart Retirement 2045 A                                                                                         | **          | 35,452               |
|     | JP Morgan                                                     | Smart Retirement Income A                                                                                       | **          | 17,677               |
|     | JP Morgan                                                     | Smart Retirement 2025 A                                                                                         | **          | 13,297               |
|     |                                                               | <b>Common collective trust funds</b>                                                                            |             |                      |
|     | Invesco                                                       | Stable Asset                                                                                                    | **          | 486,187              |
|     | * SSGA                                                        | S&P 500 Index Fund                                                                                              | **          | 694,644              |
|     |                                                               |                                                                                                                 |             | <b>\$ 15,376,563</b> |
|     | * Participants                                                | Participant loans, interest rates range from 3.25% to 6.50%, with various maturity dates through 2044           |             | <b>\$ 188,005</b>    |

All current values above represent the fair value for the respective investment.

\* Designates party-in-interest

\*\* All investments are participant directed; therefore, cost information has not been presented

This schedule was derived from information certified as complete and accurate by State Street Bank and Trust Company, N.A., the trustee of the Plan.

See accompanying Independent Auditor's Report.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                             |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>Healthcare Solutions, Inc. 401(k) Plan                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
|                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br><u>01/01/2006</u>               |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>Healthcare Solutions, Inc.<br><br>2736 Meadow Church Rd Ste 300<br><br>Duluth GA 30097 | <b>2b</b> Employer Identification Number (EIN)<br><u>26-0080565</u> |
|                                                                                                                                                                                                             | <b>2c</b> Plan Sponsor's telephone number<br><u>(678) 730-0451</u>  |
|                                                                                                                                                                                                             | <b>2d</b> Business code (see instructions)<br><u>524290</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><br><i>David E. Strauss</i><br>Signature of plan administrator                             | <u>1014-15</u><br>Date | <u>David E. Strauss</u><br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b><br><i>David E. Strauss</i><br>Signature of employer/plan sponsor                          | <u>1014-15</u><br>Date | <u>David E. Strauss</u><br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b><br><br>Signature of DFE                                                                   | <br>Date               | <br>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)                                                  |
| <br><br><br>                                                                                               |                        | <br><br><br>                                                                            |

|                                                                                                                                                                                                                   |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN<br><br><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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 877                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).                                                          |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                 | <b>6a(1)</b> 760                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                       | <b>6a(2)</b> 760                                                                |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                     | <b>6b</b> 0                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                      | <b>6c</b> 135                                                                   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.                                                                                                                                                                   | <b>6d</b> 895                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                                                                              | <b>6e</b> 1                                                                     |
| <b>f</b> Total. Add lines 6d and 6e.                                                                                                                                                                              | <b>6f</b> 896                                                                   |
| <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> 478                                                                   |
| <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> 21                                                                    |
| <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>2E 2F 2G 2J 2K 2T 3D 3H                           |                                                                                 |
| <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 type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                                                                                                                                                         |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                   | (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)                                                                                                                                                       |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                 | (3) <input type="checkbox"/> <b>A</b> (Insurance Information)                                                                                                                                                                    |
|                                                                                                                                                                                                                                  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                                                                                                                                                  |
|                                                                                                                                                                                                                                  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                                                                                                                                            |
|                                                                                                                                                                                                                                  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                                                                                                                                                          |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**Healthcare Solutions, Inc. 401(k) Plan**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014

| (a) | (b)                                                           | (c)                                                                                                             | (d)         | (e)                  |
|-----|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Identity of issuer, borrower, lessor, or similar party</b> | <b>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</b> | <b>Cost</b> | <b>Current value</b> |
|     |                                                               | <b>Registered investment companies (mutual funds)</b>                                                           |             |                      |
|     | Blackrock                                                     | Global Allocation                                                                                               | **          | \$ 2,846,184         |
|     | Lord Abbett                                                   | Fundamental Equity Fund                                                                                         | **          | 1,191,938            |
|     | Alger Capital                                                 | Appreciation Institutional Fund                                                                                 | **          | 1,064,381            |
|     | Goldman Sachs                                                 | Mid Cap Value Fund                                                                                              | **          | 799,837              |
|     | John Hancock                                                  | Bond Fund R2                                                                                                    | **          | 770,899              |
|     | Blackrock                                                     | Basic Value Institutional Fund                                                                                  | **          | 766,487              |
|     | Nuveen                                                        | Mid Cap Index A                                                                                                 | **          | 674,955              |
|     | Mainstay                                                      | Moderate Growth Allocation Inv                                                                                  | **          | 647,964              |
|     | Franklin Templeton                                            | Small Cap Growth                                                                                                | **          | 576,590              |
|     | Franklin Templeton                                            | Small Cap Value Fund                                                                                            | **          | 563,605              |
|     | Invesco                                                       | Real Estate                                                                                                     | **          | 494,377              |
|     | Loomis Sayles                                                 | Strategic Income A                                                                                              | **          | 479,775              |
|     | MFS                                                           | Government Securities                                                                                           | **          | 415,646              |
|     | Blackrock                                                     | High Yield Bond                                                                                                 | **          | 355,017              |
|     | American Funds                                                | EuroPacific Growth                                                                                              | **          | 324,431              |
|     | Mainstay                                                      | Moderate Allocation Inv                                                                                         | **          | 311,828              |
|     | Ivy                                                           | Mid Cap Growth A                                                                                                | **          | 299,078              |
|     | American Funds                                                | New Perspective                                                                                                 | **          | 261,256              |
|     | JP Morgan                                                     | Smart Retirement 2035 A                                                                                         | **          | 253,766              |
|     | Invesco                                                       | International Growth                                                                                            | **          | 176,494              |
|     | Oppenheimer                                                   | International Bond Fund                                                                                         | **          | 173,505              |
|     | Invesco                                                       | Mutual Fund                                                                                                     | **          | 120,080              |
|     | Franklin Templeton                                            | Mutual Fund                                                                                                     | **          | 114,608              |
|     | JP Morgan                                                     | Mutual Fund                                                                                                     | **          | 101,619              |
|     | Mainstay                                                      | Mutual Fund                                                                                                     | **          | 99,873               |
|     | JP Morgan                                                     | Smart Retirement 2020 A                                                                                         | **          | 85,334               |
|     | JP Morgan                                                     | Smart Retirement 2030 A                                                                                         | **          | 59,259               |
|     | JP Morgan                                                     | Smart Retirement 2040 A                                                                                         | **          | 54,811               |
|     | JP Morgan                                                     | Smart Retirement 2050 A                                                                                         | **          | 45,709               |
|     | JP Morgan                                                     | Smart Retirement 2045 A                                                                                         | **          | 35,452               |
|     | JP Morgan                                                     | Smart Retirement Income A                                                                                       | **          | 17,677               |
|     | JP Morgan                                                     | Smart Retirement 2025 A                                                                                         | **          | 13,297               |
|     |                                                               | <b>Common collective trust funds</b>                                                                            |             |                      |
|     | Invesco                                                       | Stable Asset                                                                                                    | **          | 486,187              |
|     | * SSGA                                                        | S&P 500 Index Fund                                                                                              | **          | 694,644              |
|     |                                                               |                                                                                                                 |             | <b>\$ 15,376,563</b> |
|     | * Participants                                                | Participant loans, interest rates range from 3.25% to 6.50%, with various maturity dates through 2044           |             | <b>\$ 188,005</b>    |

All current values above represent the fair value for the respective investment.

\* Designates party-in-interest

\*\* All investments are participant directed; therefore, cost information has not been presented

This schedule was derived from information certified as complete and accurate by State Street Bank and Trust Company, N.A., the trustee of the Plan.

See accompanying Independent Auditor's Report.