Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2005

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

2444 WILSHIRE BLVD, STE 280
SANTA MONICA, CA 90403-5814

2b Employer Identification Number (EIN)
95-4800745

2c Plan Sponsor's telephone number
310-451-2110

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	HOWARD WISNICKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	194
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	194
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	211
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	211
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	211
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	29
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	810796	43	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7307	1250

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

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

WELLS FARGO ADVISORS INS. AGENCY
PO BOX 2700
WORCESTER, MA 01613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7307	0	BROKER FEES	3

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

MAGII PENSION SERVICES LLC
490 WHEELER RD STE 265
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1250	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	59330
5	Current value of plan's interest under this contract in separate accounts at year end	5	680689

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	12682		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	461		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	46513		
	▶ TAKEOVER CONTRIBUTIONS				
	(6)Total additions			7c(6)	59656
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	59656
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	195		
	(2) Administration charge made by carrier	7e(2)	49		
	(3) Transferred to separate account	7e(3)	82		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	326
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	59330

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOFTSCRIPT, INC.

D Employer Identification Number (EIN)
95-4800745

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

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL SEPERATE ACCOUNT G

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

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)
71-0294708-000	P	740015

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)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	197	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	4
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	11804	12518
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	603110	680685
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	59330
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	615111	752537
	Liabilities			
g	Benefit claims payable	1g	11907	14538
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	11907	14538
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	603204	737999

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	74547	
	(C) Others (including rollovers)	2a(1)(C)	54697	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		129244
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	495	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		495
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		33357
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		163096
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11981	
(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)		11981
f Corrective distributions (see instructions)	2f		14538
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)	1782	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1782
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28301
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		134795
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KIRSCH KOHN & BRIDGE LLP **(2)** EIN: 95-3404284

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		23400
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		70000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Financial Statements
with Independent Auditor's Report

December 31, 2014

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Financial Statements
December 31, 2014

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits As of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2014	4
Notes to Financial Statements	5 - 12
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2014	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2014	15

Schedules not included with this additional financial data have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
SoftScript, Inc. 401(k) Profit Sharing Plan
Santa Monica, California

Report on the Financial Statements
We were engaged to audit the accompanying statements of net assets available for benefits of SoftScript, Inc. 401(k) Profit Sharing Plan (the Plan), as of December 31, 2014 and 2013, 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
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Ameritas Life Insurance Corp. (Ameritas) and Voya Retirement Insurance and Annuity Co. (Voya), the custodians, except for comparing such information with the related information included in the 2014 financial statements and supplemental schedules. We have been informed by the Plan administrator that Ameritas held and Voya holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Ameritas and Voya as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by Ameritas and Voya is complete and accurate.

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

KIRSCH KOHN & BRIDGE | CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS SINCE 1961

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

The supplemental Schedules of Assets (Held at End of Year) and Delinquent Participant Contributions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kirsch, Kohn + Bridge LLP

Woodland Hills, California
October 8, 2015

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments:		
Interest-bearing cash	$ 4	$ -
Value of funds held in insurance company general account	59,330	-
Fair value of interest in pooled separate accounts	680,685	603,110
TOTAL INVESTMENTS	740,019	603,110
Receivables:		
Notes receivable from participants	12,518	11,804
Other receivables	-	197
TOTAL ASSETS	752,537	615,111
LIABILITIES		
Excess participants' contributions and related earnings	14,538	11,907
NET ASSETS AVAILABLE FOR BENEFITS	$ 737,999	$ 603,204

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO	
Investment income:	
Net appreciation in fair value of investments	$ 32,851
Interest and dividend income	506
Interest on notes receivable from participants	495
Contributions:	
Participants	74,547
Rollovers	54,697
TOTAL ADDITIONS	163,096
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	11,981
Corrective distributions	14,538
Administrative expenses	1,782
TOTAL DEDUCTIONS	28,301
NET INCREASE	134,795
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	603,204
END OF YEAR	$ 737,999

See accompanying independent auditor's report
and notes to financial statements

1. DESCRIPTION OF THE PLAN

The following description of SoftScript, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of eligible service and are 21 years of age or older, as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each participant may elect to defer a percentage of his or her compensation up to the maximum allowed under the appropriate provisions of the Internal Revenue Code (IRC). Participants may also rollover their benefits from other qualified plans.

The Company may make matching contributions at its sole discretion. The Company may also make discretionary profit sharing contributions. Participants are eligible to receive profit sharing contributions after completing one year of service for the Company. The Company's profit sharing contribution is allocated on a pro-rata formula based on the ratio that each participant's compensation for the Plan year bears to the total compensation of all participants for the Plan year. There were no matching or profit sharing contributions made during the year ended December 31, 2014.

C. Participant accounts

Each participant's account is increased or decreased with participant contributions, Company contributions, rollovers from other plans and allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is dependent on the participant's vested account balance.

1. DESCRIPTION OF THE PLAN (CONTINUED)

D. Vesting

The Plan provides for the following vesting of a participant's Company contributions account balances:

Years of Service	Vested Percentage
Less than 2 years	0 %
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Participant elective contributions are 100% vested at all times.

E. Forfeited accounts

Amounts forfeited by former participants who were not fully vested in the Plan will first be used to restore any participant's forfeited account balance upon re-employment, then may be used to pay the administrative expenses of the Plan or supplement the Company contributions. There are $4 in forfeitures as of December 31, 2014.

F. Benefits

Upon termination of service or otherwise becoming eligible to receive benefits, participants will receive a lump-sum amount equal to the value of their vested account.

G. Investment options

All investments are held in trust and were invested in pooled separate accounts or in an insurance general account at December 31, 2014. Each participant chooses how their contributions and respective account balances are to be allocated among the various investments through a participant-directed investment program. Ameritas Life Insurance Corp. (Ameritas), former Custodian of the Plan, and Voya Retirement Insurance and Annuity Co. (Voya), current Custodian of the Plan (the Custodian), (both deemed to be parties-in-interest), held the Plan's investment assets and executed investment transactions during and as of the year ended December 31, 2014 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

1. DESCRIPTION OF THE PLAN (CONTINUED)

H. Notes receivable from participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years unless the note proceeds will be used to purchase a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Wall Street Journal's Prime Rate plus 1%. Principal and interest is paid ratably through payroll deductions.

I. Administrative expenses

Third party administrative expenses are paid by the Company while investment, loan and disbursement fees are paid through the Plan.

J. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan will be distributed as prescribed by ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

B. Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

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

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

D. Payment of benefits

Benefits are recorded when paid.

E. Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

F. Concentration of credit risk

The Plan has exposure to credit risk to the extent that its investments are subject to market fluctuations that may materially affect the value of the investment balances.

3. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013:

	2014	2013
Voya U.S. Stock Index Port Adv	$ 157,742	$ -
Voya Index Solution 2025 Port Adv	88,769	-
Voya High Yield Port	66,148	-
Voya Fixed Account	59,330	-
Voya International Index Port A	47,382	-
Voya Oppenheimer Global P	42,117	-
Voya Russell Mid Cap Index Port A	38,346	-
Calvert VP S&P 500 Index	-	130,957
T. Rowe Price Retirement 2020	-	79,190
Calvert High Yield	-	62,670
Fidelity VIP Money Market	-	43,242
Calvert VP EAFE Int. Index	-	43,231

4. UNAUDITED INFORMATION PROVIDED BY CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2014, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Ameritas and Voya, the former and current custodians of the Plan, respectively.

5. INCOME TAX STATUS

The Internal Revenue Service (IRS) has yet to make a determination that the Plan and related trust are designed in accordance with applicable sections of the IRC. However, the Plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan offers the Voya Fixed Account, an investment contract, as an option to Plan participants. The amounts allocated to the Voya Fixed Account are held in a general account. The Voya Fixed Account is credited with declared rates of interest and is subject to a minimum interest rate of 1%. The contract limits the amount that can be transferred from the Voya Fixed Account; therefore, the contract is not considered fully-benefit responsive. Withdrawals from the Voya Fixed Account are made at contract value. The Voya Fixed Account is valued at contract value which approximates the fair market value of the investment. Voya may terminate the contract after completion of five years, without application of any otherwise required market value adjustment or contract surrender charge.

7. RELATED PARTY

The Plan Sponsor trustee is a participant of the Plan.

8. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 under FASB ASC 820 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 for 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 user of unobservable inputs.

8. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Money market fund: Valued at cost, which equals fair value.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of the shares held by the plan at year end. The AUV is determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the Contract's separate account charges.

Funds held in insurance company general account: Valued at contract value which approximates the fair market value (see also Note 6).

The preceding methods described 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 appropriated and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Money market fund	$ 4	$ -	$ -	$ 4
Insurance general account	-	59,330	-	59,330
Pooled separate accounts:				
Bonds	-	88,627	-	88,627
Real estate	-	19,963	-	19,963
Large cap	-	248,868	-	248,868
Mid cap	-	58,513	-	58,513
Small cap	-	10,200	-	10,200
Other	-	183	-	183
Global/international	-	108,022	-	108,022
Target date funds	-	146,309	-	146,309
Total pooled separate accounts	-	680,685	-	680,685
	$ 4	$ 740,015	$ -	$ 740,019

8. FAIR VALUE MEASUREMENTS (CONTINUED)

Investments at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Bonds	$ -	$ 82,018	$ -	$ 82,018
Real estate	-	15,275	-	15,275
Large cap	-	190,980	-	190,980
Mid cap	-	49,766	-	49,766
Small cap	-	5,194	-	5,194
Large cap international	-	61,440	-	61,440
Money market	-	43,242	-	43,242
Global/international	-	29,499	-	29,499
Target date funds	-	125,696	-	125,696
Total pooled separate accounts	$ -	$ 603,110	$ -	$ 603,110

9. NON-EXEMPT TRANSACTIONS

During the year ending December 31, 2014, the Company failed to remit participant salary deferrals aggregating $23,400 and participant loan repayments aggregating $1,592, to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions. The Company intends to pay all fines imposed resulting from these late remittances. See attached supplemental schedule of delinquent participant contributions. The Company used guidelines issued by the Internal Revenue Services to compensate participants for the lost income resulting from the delay in remitting the contributions. The lost income will be deposited with the Plan trustee in 2015. The Company believes that these non-exempt transactions do not affect the tax status determination of the Plan.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2015, which is the date the financial statements were available to be issued. No events have been identified that would require adjustment to or disclosure in the accompanying financial statements.

SCHEDULES PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
EIN: 95-4800745 Plan: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
*	Voya Retirement Insurance & Annuity Co.	American Funds American Balanced Fund R-3		$ 139
*	Voya Retirement Insurance & Annuity Co.	American Funds Fundamental InvestorsSM R-3		29,839
*	Voya Retirement Insurance & Annuity Co.	Eagle Mid Cap Stock Fund R-3		1,891
*	Voya Retirement Insurance & Annuity Co.	Eagle Small Cap Growth Fund R-3		5,623
*	Voya Retirement Insurance & Annuity Co.	Franklin Growth Fund R		23,499
*	Voya Retirement Insurance & Annuity Co.	Franklin Small Cap Value Fund R		3,541
*	Voya Retirement Insurance & Annuity Co.	MFS Value Fund R2		6,839
*	Voya Retirement Insurance & Annuity Co.	Oppenheimer Intl Growth Fund R		18,524
*	Voya Retirement Insurance & Annuity Co.	PIMCO Real Return Fund R		2,767
*	Voya Retirement Insurance & Annuity Co.	PIMCO Total Return Fund R		19,711
*	Voya Retirement Insurance & Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund A		18,276
*	Voya Retirement Insurance & Annuity Co.	Voya Fixed Account		59,330
*	Voya Retirement Insurance & Annuity Co.	Voya High Yield Portfolio Adviser Class		66,148
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2015 Portfolio Adviser Cl		19,775
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2025 Portfolio Adviser Cl		88,769
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2035 Portfolio Adviser Cl		27,302
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2045 Portfolio Adviser Cl		10,419
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2055 Portfolio Adviser Cl		44
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution Income Portfolio Adviser		44
*	Voya Retirement Insurance & Annuity Co.	Voya International Index Portfolio A		47,382
*	Voya Retirement Insurance & Annuity Co.	Voya Money Market Fund A		4
*	Voya Retirement Insurance & Annuity Co.	Voya Real Estate Fund A		19,963
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Mid Cap Index Portfolio A		38,346
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Small Cap Index Portfolio A		1,036
*	Voya Retirement Insurance & Annuity Co.	Voya U.S. Stock Index Portfolio Adviser Calss		157,742
*	Voya Retirement Insurance & Annuity Co.	VY Oppenheimer Global Portfolio Adviser Cl		42,117
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Equity Inc Port Adviser Cl		12,852
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Growth Equity Port Adviser		18,097
	Total investments			740,019
*	Notes receivable from participants	Interest at 4.25%, maturing through August 2019		12,518
				$ 752,537

Note: * Represents party-in-interest
** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

EIN 95-4800745 PN 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2014

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan			Check here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction under VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
$ 1,944	1/7/14	1/14/14	☑	$ -	$ 1,944	$ -	$ -
1,903	1/21/14	1/29/14	☑	-	1,903	-	-
2,038	2/6/14	2/19/14	☑	-	2,038	-	-
1,899	2/20/14	3/26/14	☑	-	1,899	-	-
1,926	3/6/14	3/26/14	☑	-	1,926	-	-
3,118	5/5/14	5/12/14	☑	-	3,118	-	-
3,090	5/21/14	5/28/14	☑	-	3,090	-	-
2,907	6/19/14	7/7/14	☑	-	2,907	-	-
3,161	8/5/14	8/14/14	☑	-	3,161	-	-
3,006	9/5/14	9/12/14	☑	-	3,006	-	-
$ 24,992				$ -	$ 24,992	$ -	$ -

See accompanying independent auditors' report
and notes to financial statements

Authorization to Electronically Sign and File Form 5500-SF

For:

SoftScript, Inc. 401(k) Plan

I hereby authorize any employee of MAGII PENSION SERVICES, LLC ("Service Provider") to electronically sign and file 5500 forms on my behalf for the 2014 PLAN YEAR (January 1 – December 31).

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 10/15/15 By:

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Softscript, Inc. 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2005

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

2444 WILSHIRE BLVD, STE 280

SANTA MONICA CA 90403-5814

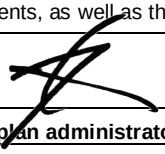
2b Employer Identification Number (EIN) 95-4800745

2c Plan Sponsor's telephone number 310-451-2110

2d Business code (see instructions) 541990

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

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

SIGN HERE		10/15/2015	Howard Wisnicki
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	194
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	194
a(2) Total number of active participants at the end of the plan year	**6a(2)**	211
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	29
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
Softscript, Inc. 401(k) Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

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

1 Coverage Information:

(a) Name of insurance carrier
Voya Retirement Insurance and Annuity Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
71-0294708	86509	810796	43	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7307	1250

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WELLS FARGO ADVISORS INS. AGENCY
PO BOX 2700

WORCESTER MA 01613

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7307	0	BROKER FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MAGII PENSION SERVICES LLC
490 WHEELER RD STE 265

HAUPPAUGE NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	1250	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	59330
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	680689

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**	12682		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	461		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	46513		
	▶ Takeover contributions				
	(6) Total additions			**7c(6)**	59656
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	59656
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	195		
	(2) Administration charge made by carrier	**7e(2)**	49		
	(3) Transferred to separate account	**7e(3)**	82		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	326
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	59330

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
Softscript, Inc. 401(k) Plan

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOFTSCRIPT, INC.

D Employer Identification Number (EIN)
95-4800745

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

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL Seperate Account G

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

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)
71-0294708 000	P	740015

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)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
SOFTSCRIPT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	197	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	4
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	11804	12518
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	603110	680685
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	59330
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	615111	752537
	Liabilities			
g	Benefit claims payable	1g	11907	14538
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	11907	14538
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	603204	737999

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	74547	
	(C) Others (including rollovers)	2a(1)(C)	54697	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		129244
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	495	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		495
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		33357
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		163096
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11981	
(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)		11981
f Corrective distributions (see instructions)	2f		14538
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)	1782	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1782
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28301
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		134795
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KIRSCH KOHN & BRIDGE LLP **(2)** EIN: 95-3404284

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		23400
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		70000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
Softscript, Inc. 401(k) Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4800745

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 71-0294708 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Softscript, Inc. 401(k) Plan
EIN: 95-4800745
Plan #: 001
Period: 01/01/2014 - 12/31/2014

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Voya Retirement Insurance and Annuity Co.	American Funds American Balanced Fund® - Class R-3	$139	$139
*	Voya Retirement Insurance and Annuity Co.	American Funds Fundamental InvestorsSM - Class R-3	$29,839	$29,839
*	Voya Retirement Insurance and Annuity Co.	Eagle Mid Cap Stock Fund - Class R-3	$1,891	$1,891
*	Voya Retirement Insurance and Annuity Co.	Eagle Small Cap Growth Fund - Class R-3	$5,623	$5,623
*	Voya Retirement Insurance and Annuity Co.	Franklin Growth Fund - Class R	$23,499	$23,499
*	Voya Retirement Insurance and Annuity Co.	Franklin Small Cap Value Fund - Class R	$3,542	$3,542
*	Voya Retirement Insurance and Annuity Co.	MFS® Value Fund - Class R2	$6,840	$6,840
*	Voya Retirement Insurance and Annuity Co.	Oppenheimer International Growth Fund - Class R	$18,524	$18,524
*	Voya Retirement Insurance and Annuity Co.	PIMCO Real Return Fund - Class R	$2,768	$2,768
*	Voya Retirement Insurance and Annuity Co.	PIMCO Total Return Fund - Class R	$19,711	$19,711
*	Voya Retirement Insurance and Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	$18,276	$18,276
*	Voya Retirement Insurance and Annuity Co.	Voya Fixed Account	$59,330	$59,330
*	Voya Retirement Insurance and Annuity Co.	Voya High Yield Portfolio - Adviser Class	$66,148	$66,148
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2015 Portfolio - Adviser Class	$19,775	$19,775
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2025 Portfolio - Adviser Class	$88,769	$88,769
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2035 Portfolio - Adviser Class	$27,302	$27,302
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2045 Portfolio - Adviser Class	$10,417	$10,417
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2055 Portfolio - Adviser Class	$44	$44
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution Income Portfolio - Adviser Class	$44	$44
*	Voya Retirement Insurance and Annuity Co.	Voya International Index Portfolio - Class A	$47,382	$47,382
*	Voya Retirement Insurance and Annuity Co.	Voya Money Market Fund - Class A	$0	$0
*	Voya Retirement Insurance and Annuity Co.	Voya Real Estate Fund - Class A	$19,963	$19,963
*	Voya Retirement Insurance and Annuity Co.	Voya Russell Mid Cap Index Portfolio - Class A	$38,346	$38,346
*	Voya Retirement Insurance and Annuity Co.	Voya Russell Small Cap Index Portfolio - Class A	$1,036	$1,036
*	Voya Retirement Insurance and Annuity Co.	Voya U.S. Stock Index Portfolio - Adviser Class	$157,742	$157,742
*	Voya Retirement Insurance and Annuity Co.	VY® Oppenheimer Global Portfolio - Adviser Class	$42,117	$42,117
*	Voya Retirement Insurance and Annuity Co.	VY® T. Rowe Price Equity Income Portfolio - Adviser Class	$12,852	$12,852
*	Voya Retirement Insurance and Annuity Co.	VY® T. Rowe Price Growth Equity Portfolio - Adviser Class	$18,097	$18,097
*	Voya Retirement Insurance and Annuity Co.	Loan Fund	$12,518	$12,518
*				
*				

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

Financial Statements
with Independent Auditor's Report

December 31, 2014

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Financial Statements
December 31, 2014

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits As of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2014	4
Notes to Financial Statements	5 - 12
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2014	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2014	15

Schedules not included with this additional financial data have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
SoftScript, Inc. 401(k) Profit Sharing Plan
Santa Monica, California

Report on the Financial Statements
We were engaged to audit the accompanying statements of net assets available for benefits of SoftScript, Inc. 401(k) Profit Sharing Plan (the Plan), as of December 31, 2014 and 2013, 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
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Ameritas Life Insurance Corp. (Ameritas) and Voya Retirement Insurance and Annuity Co. (Voya), the custodians, except for comparing such information with the related information included in the 2014 financial statements and supplemental schedules. We have been informed by the Plan administrator that Ameritas held and Voya holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Ameritas and Voya as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by Ameritas and Voya is complete and accurate.

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

KIRSCH KOHN & BRIDGE | CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS SINCE 1961

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

The supplemental Schedules of Assets (Held at End of Year) and Delinquent Participant Contributions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kirsch, Kohn + Bridge LLP

Woodland Hills, California
October 8, 2015

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments:		
Interest-bearing cash	$ 4	$ -
Value of funds held in insurance company general account	59,330	-
Fair value of interest in pooled separate accounts	680,685	603,110
TOTAL INVESTMENTS	740,019	603,110
Receivables:		
Notes receivable from participants	12,518	11,804
Other receivables	-	197
TOTAL ASSETS	752,537	615,111
LIABILITIES		
Excess participants' contributions and related earnings	14,538	11,907
NET ASSETS AVAILABLE FOR BENEFITS	$ 737,999	$ 603,204

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO	
Investment income:	
Net appreciation in fair value of investments	$ 32,851
Interest and dividend income	506
Interest on notes receivable from participants	495
Contributions:	
Participants	74,547
Rollovers	54,697
TOTAL ADDITIONS	163,096
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	11,981
Corrective distributions	14,538
Administrative expenses	1,782
TOTAL DEDUCTIONS	28,301
NET INCREASE	134,795
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	603,204
END OF YEAR	$ 737,999

See accompanying independent auditor's report
and notes to financial statements

1. DESCRIPTION OF THE PLAN

The following description of SoftScript, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of eligible service and are 21 years of age or older, as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each participant may elect to defer a percentage of his or her compensation up to the maximum allowed under the appropriate provisions of the Internal Revenue Code (IRC). Participants may also rollover their benefits from other qualified plans.

The Company may make matching contributions at its sole discretion. The Company may also make discretionary profit sharing contributions. Participants are eligible to receive profit sharing contributions after completing one year of service for the Company. The Company's profit sharing contribution is allocated on a pro-rata formula based on the ratio that each participant's compensation for the Plan year bears to the total compensation of all participants for the Plan year. There were no matching or profit sharing contributions made during the year ended December 31, 2014.

C. Participant accounts

Each participant's account is increased or decreased with participant contributions, Company contributions, rollovers from other plans and allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, as defined. The benefit to which a participant is entitled is dependent on the participant's vested account balance.

1. DESCRIPTION OF THE PLAN (CONTINUED)

D. Vesting

The Plan provides for the following vesting of a participant's Company contributions account balances:

Years of Service	Vested Percentage
Less than 2 years	0 %
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

Participant elective contributions are 100% vested at all times.

E. Forfeited accounts

Amounts forfeited by former participants who were not fully vested in the Plan will first be used to restore any participant's forfeited account balance upon re-employment, then may be used to pay the administrative expenses of the Plan or supplement the Company contributions. There are $4 in forfeitures as of December 31, 2014.

F. Benefits

Upon termination of service or otherwise becoming eligible to receive benefits, participants will receive a lump-sum amount equal to the value of their vested account.

G. Investment options

All investments are held in trust and were invested in pooled separate accounts or in an insurance general account at December 31, 2014. Each participant chooses how their contributions and respective account balances are to be allocated among the various investments through a participant-directed investment program. Ameritas Life Insurance Corp. (Ameritas), former Custodian of the Plan, and Voya Retirement Insurance and Annuity Co. (Voya), current Custodian of the Plan (the Custodian), (both deemed to be parties-in-interest), held the Plan's investment assets and executed investment transactions during and as of the year ended December 31, 2014 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

1. DESCRIPTION OF THE PLAN (CONTINUED)

H. Notes receivable from participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years unless the note proceeds will be used to purchase a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Wall Street Journal's Prime Rate plus 1%. Principal and interest is paid ratably through payroll deductions.

I. Administrative expenses

Third party administrative expenses are paid by the Company while investment, loan and disbursement fees are paid through the Plan.

J. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts and the net assets of the Plan will be distributed as prescribed by ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

B. Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

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

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

C. Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

D. Payment of benefits

Benefits are recorded when paid.

E. Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

F. Concentration of credit risk

The Plan has exposure to credit risk to the extent that its investments are subject to market fluctuations that may materially affect the value of the investment balances.

3. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013:

	2014	2013
Voya U.S. Stock Index Port Adv	$ 157,742	$ -
Voya Index Solution 2025 Port Adv	88,769	-
Voya High Yield Port	66,148	-
Voya Fixed Account	59,330	-
Voya International Index Port A	47,382	-
Voya Oppenheimer Global P	42,117	-
Voya Russell Mid Cap Index Port A	38,346	-
Calvert VP S&P 500 Index	-	130,957
T. Rowe Price Retirement 2020	-	79,190
Calvert High Yield	-	62,670
Fidelity VIP Money Market	-	43,242
Calvert VP EAFE Int. Index	-	43,231

4. UNAUDITED INFORMATION PROVIDED BY CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2014, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Ameritas and Voya, the former and current custodians of the Plan, respectively.

5. INCOME TAX STATUS

The Internal Revenue Service (IRS) has yet to make a determination that the Plan and related trust are designed in accordance with applicable sections of the IRC. However, the Plan administrator and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan offers the Voya Fixed Account, an investment contract, as an option to Plan participants. The amounts allocated to the Voya Fixed Account are held in a general account. The Voya Fixed Account is credited with declared rates of interest and is subject to a minimum interest rate of 1%. The contract limits the amount that can be transferred from the Voya Fixed Account; therefore, the contract is not considered fully-benefit responsive. Withdrawals from the Voya Fixed Account are made at contract value. The Voya Fixed Account is valued at contract value which approximates the fair market value of the investment. Voya may terminate the contract after completion of five years, without application of any otherwise required market value adjustment or contract surrender charge.

7. RELATED PARTY

The Plan Sponsor trustee is a participant of the Plan.

8. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 under FASB ASC 820 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 for 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 user of unobservable inputs.

8. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Money market fund: Valued at cost, which equals fair value.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of the shares held by the plan at year end. The AUV is determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the Contract's separate account charges.

Funds held in insurance company general account: Valued at contract value which approximates the fair market value (see also Note 6).

The preceding methods described 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 appropriated and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Money market fund	$ 4	$ -	$ -	$ 4
Insurance general account	-	59,330	-	59,330
Pooled separate accounts:				
Bonds	-	88,627	-	88,627
Real estate	-	19,963	-	19,963
Large cap	-	248,868	-	248,868
Mid cap	-	58,513	-	58,513
Small cap	-	10,200	-	10,200
Other	-	183	-	183
Global/international	-	108,022	-	108,022
Target date funds	-	146,309	-	146,309
Total pooled separate accounts	-	680,685	-	680,685
	$ 4	$ 740,015	$ -	$ 740,019

8. FAIR VALUE MEASUREMENTS (CONTINUED)

Investments at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Bonds	$ -	$ 82,018	$ -	$ 82,018
Real estate	-	15,275	-	15,275
Large cap	-	190,980	-	190,980
Mid cap	-	49,766	-	49,766
Small cap	-	5,194	-	5,194
Large cap international	-	61,440	-	61,440
Money market	-	43,242	-	43,242
Global/international	-	29,499	-	29,499
Target date funds	-	125,696	-	125,696
Total pooled separate accounts	$ -	$ 603,110	$ -	$ 603,110

9. NON-EXEMPT TRANSACTIONS

During the year ending December 31, 2014, the Company failed to remit participant salary deferrals aggregating $23,400 and participant loan repayments aggregating $1,592, to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions. The Company intends to pay all fines imposed resulting from these late remittances. See attached supplemental schedule of delinquent participant contributions. The Company used guidelines issued by the Internal Revenue Services to compensate participants for the lost income resulting from the delay in remitting the contributions. The lost income will be deposited with the Plan trustee in 2015. The Company believes that these non-exempt transactions do not affect the tax status determination of the Plan.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2015, which is the date the financial statements were available to be issued. No events have been identified that would require adjustment to or disclosure in the accompanying financial statements.

SCHEDULES PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN
EIN: 95-4800745 Plan: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
*	Voya Retirement Insurance & Annuity Co.	American Funds American Balanced Fund R-3		$ 139
*	Voya Retirement Insurance & Annuity Co.	American Funds Fundamental InvestorsSM R-3		29,839
*	Voya Retirement Insurance & Annuity Co.	Eagle Mid Cap Stock Fund R-3		1,891
*	Voya Retirement Insurance & Annuity Co.	Eagle Small Cap Growth Fund R-3		5,623
*	Voya Retirement Insurance & Annuity Co.	Franklin Growth Fund R		23,499
*	Voya Retirement Insurance & Annuity Co.	Franklin Small Cap Value Fund R		3,541
*	Voya Retirement Insurance & Annuity Co.	MFS Value Fund R2		6,839
*	Voya Retirement Insurance & Annuity Co.	Oppenheimer Intl Growth Fund R		18,524
*	Voya Retirement Insurance & Annuity Co.	PIMCO Real Return Fund R		2,767
*	Voya Retirement Insurance & Annuity Co.	PIMCO Total Return Fund R		19,711
*	Voya Retirement Insurance & Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund A		18,276
*	Voya Retirement Insurance & Annuity Co.	Voya Fixed Account		59,330
*	Voya Retirement Insurance & Annuity Co.	Voya High Yield Portfolio Adviser Class		66,148
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2015 Portfolio Adviser Cl		19,775
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2025 Portfolio Adviser Cl		88,769
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2035 Portfolio Adviser Cl		27,302
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2045 Portfolio Adviser Cl		10,419
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution 2055 Portfolio Adviser Cl		44
*	Voya Retirement Insurance & Annuity Co.	Voya Index Solution Income Portfolio Adviser		44
*	Voya Retirement Insurance & Annuity Co.	Voya International Index Portfolio A		47,382
*	Voya Retirement Insurance & Annuity Co.	Voya Money Market Fund A		4
*	Voya Retirement Insurance & Annuity Co.	Voya Real Estate Fund A		19,963
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Mid Cap Index Portfolio A		38,346
*	Voya Retirement Insurance & Annuity Co.	Voya Russell Small Cap Index Portfolio A		1,036
*	Voya Retirement Insurance & Annuity Co.	Voya U.S. Stock Index Portfolio Adviser Calss		157,742
*	Voya Retirement Insurance & Annuity Co.	VY Oppenheimer Global Portfolio Adviser Cl		42,117
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Equity Inc Port Adviser Cl		12,852
*	Voya Retirement Insurance & Annuity Co.	VY T.Rowe Price Growth Equity Port Adviser		18,097
	Total investments			740,019
*	Notes receivable from participants	Interest at 4.25%, maturing through August 2019		12,518
				$ 752,537

Note: * Represents party-in-interest
** Column (d) is blank as all investments are participant directed

See accompanying independent auditor's report
and notes to financial statements

SOFTSCRIPT, INC. 401(K) PROFIT SHARING PLAN

EIN 95-4800745 PN 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2014

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan			Check here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction under VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
$ 1,944	1/7/14	1/14/14	☑	$ -	$ 1,944	$ -	$ -
1,903	1/21/14	1/29/14	☑	-	1,903	-	-
2,038	2/6/14	2/19/14	☑	-	2,038	-	-
1,899	2/20/14	3/26/14	☑	-	1,899	-	-
1,926	3/6/14	3/26/14	☑	-	1,926	-	-
3,118	5/5/14	5/12/14	☑	-	3,118	-	-
3,090	5/21/14	5/28/14	☑	-	3,090	-	-
2,907	6/19/14	7/7/14	☑	-	2,907	-	-
3,161	8/5/14	8/14/14	☑	-	3,161	-	-
3,006	9/5/14	9/12/14	☑	-	3,006	-	-
$ 24,992				$ -	$ 24,992	$ -	$ -

See accompanying independent auditors' report
and notes to financial statements

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Softscript, Inc. 401(k) Plan
EIN: 95-4800745
Plan #: 001
Period: 01/01/2014 - 12/31/2014

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Voya Retirement Insurance and Annuity Co.	American Funds American Balanced Fund® - Class R-3	$139	$139
*	Voya Retirement Insurance and Annuity Co.	American Funds Fundamental InvestorsSM - Class R-3	$29,839	$29,839
*	Voya Retirement Insurance and Annuity Co.	Eagle Mid Cap Stock Fund - Class R-3	$1,891	$1,891
*	Voya Retirement Insurance and Annuity Co.	Eagle Small Cap Growth Fund - Class R-3	$5,623	$5,623
*	Voya Retirement Insurance and Annuity Co.	Franklin Growth Fund - Class R	$23,499	$23,499
*	Voya Retirement Insurance and Annuity Co.	Franklin Small Cap Value Fund - Class R	$3,542	$3,542
*	Voya Retirement Insurance and Annuity Co.	MFS® Value Fund - Class R2	$6,840	$6,840
*	Voya Retirement Insurance and Annuity Co.	Oppenheimer International Growth Fund - Class R	$18,524	$18,524
*	Voya Retirement Insurance and Annuity Co.	PIMCO Real Return Fund - Class R	$2,768	$2,768
*	Voya Retirement Insurance and Annuity Co.	PIMCO Total Return Fund - Class R	$19,711	$19,711
*	Voya Retirement Insurance and Annuity Co.	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	$18,276	$18,276
*	Voya Retirement Insurance and Annuity Co.	Voya Fixed Account	$59,330	$59,330
*	Voya Retirement Insurance and Annuity Co.	Voya High Yield Portfolio - Adviser Class	$66,148	$66,148
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2015 Portfolio - Adviser Class	$19,775	$19,775
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2025 Portfolio - Adviser Class	$88,769	$88,769
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2035 Portfolio - Adviser Class	$27,302	$27,302
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2045 Portfolio - Adviser Class	$10,417	$10,417
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution 2055 Portfolio - Adviser Class	$44	$44
*	Voya Retirement Insurance and Annuity Co.	Voya Index Solution Income Portfolio - Adviser Class	$44	$44
*	Voya Retirement Insurance and Annuity Co.	Voya International Index Portfolio - Class A	$47,382	$47,382
*	Voya Retirement Insurance and Annuity Co.	Voya Money Market Fund - Class A	$0	$0
*	Voya Retirement Insurance and Annuity Co.	Voya Real Estate Fund - Class A	$19,963	$19,963
*	Voya Retirement Insurance and Annuity Co.	Voya Russell Mid Cap Index Portfolio - Class A	$38,346	$38,346
*	Voya Retirement Insurance and Annuity Co.	Voya Russell Small Cap Index Portfolio - Class A	$1,036	$1,036
*	Voya Retirement Insurance and Annuity Co.	Voya U.S. Stock Index Portfolio - Adviser Class	$157,742	$157,742
*	Voya Retirement Insurance and Annuity Co.	VY® Oppenheimer Global Portfolio - Adviser Class	$42,117	$42,117
*	Voya Retirement Insurance and Annuity Co.	VY® T. Rowe Price Equity Income Portfolio - Adviser Class	$12,852	$12,852
*	Voya Retirement Insurance and Annuity Co.	VY® T. Rowe Price Growth Equity Portfolio - Adviser Class	$18,097	$18,097
*	Voya Retirement Insurance and Annuity Co.	Loan Fund	$12,518	$12,518
*				
*				