

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

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                         |                                                              |                                                           |                                                      |  |
| <b>1a</b> Name of plan<br>BUCKINGHAM DOOLITTLE & BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>02/01/1985</td> </tr> </table>                      | <b>1b</b> Three-digit plan number (PN) ▶                     | 002                                                       | <b>1c</b> Effective date of plan<br>02/01/1985       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                             | 002                                                                                                                                                                                                                                                                                                                    |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>02/01/1985                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>BUCKINGHAM, DOOLITTLE & BURROUGHS, LLC<br><br>3800 EMBASSY PARKWAY SUITE 300<br>AKRON, OH 44333 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>34-1832611</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>330-643-0288</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>541110</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>34-1832611 | <b>2c</b> Plan Sponsor's telephone number<br>330-643-0288 | <b>2d</b> Business code (see instructions)<br>541110 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>34-1832611                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>330-643-0288                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>541110                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/15/2015 | CAROLYN BELL                                                 |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                 |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    | <b>6a(1)</b> 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        | <b>6b</b> 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ....                                                                                                                                                                                                                                                                                                                                               | <b>6d</b> 215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                                   | <b>6f</b> 216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>6g</b> 216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                 | <b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2H 2J 2K 2R 2S 2T                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

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

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

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

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

|                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>BUCKINGHAM DOOLITTLE & BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST         | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
|                                                                                                         |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BUCKINGHAM, DOOLITTLE & BURROUGHS, LLC | <b>D</b> Employer Identification Number (EIN)<br>34-1832611 |     |

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

**1** Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 36-6071399 | 70688         | QK62519                               | 216                                                                         | 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 |
|                                      |                               |

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

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

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

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

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

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

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

---

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

---

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

---

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

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

---

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

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

---

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

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 1938608 |

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

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

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

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

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

|                                                                                                         |              |  |
|---------------------------------------------------------------------------------------------------------|--------------|--|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |  |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |  |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |  |
| ▶                                                                                                       |              |  |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> Deductions:                                                                                    |              |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |  |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |  |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |  |
| ▶                                                                                                       |              |  |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

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

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

|                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>BUCKINGHAM DOOLITTLE & BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST         | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BUCKINGHAM, DOOLITTLE & BURROUGHS, LLC | <b>D</b> Employer Identification Number (EIN)<br>34-1832611 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                                                 |
| 13-3689044                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| MERRILL LYNCH PIERCE FENCH & SMITH                                                                               |
| 13-5674085                                                                                                       |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CHARLES SCHWAB & CO, INC.                                                                                         |
| 94-1737782                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORDKEEPER                                                                                      | 93939                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES BROKER                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MID ATLANTIC CAPITAL CORPORATION

25-1409618

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES BROKER                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

VALMARK ADVISERS, INC.

34-1509466

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 30651                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HUNTINGTON BANK

31-6023323

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 28                  | INVESTMENT MANAGER                                                                                | 7594                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB & CO, INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES BROKER                                                                                 | 949                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

HANLON INVESTMENT MANAGEMENT

22-3723068

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 33 71                         | SECURITIES BROKER                                                                                        | 8859                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THE JENTNER CORPORATION

34-1446973

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 33 71                         | SECURITIES BROKER                                                                                        | 14975                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                                 | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABERDEEN<br>1735 MARKET STREET<br>32ND FLOOR<br>PHILADELPHIA, PA 19103            | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                 | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BUFFALO<br>C/O U.S BANK CORP FUND SERVICES<br>P.O BOX 701<br>PROVIDENCE, RI 02904 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                 | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA<br>245 SUMMER STREET<br>FLOOR 3<br>BOSTON, MA 02110                      | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS<br>30 DAN ROAD<br>SUITE 55932<br>CANTON, MA 02021             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JP MORGAN<br>30 DAN ROAD<br>SUITE S-710<br>CANTON, MA 10017         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD<br>30 ROCKEFELLER PLAZA<br>57TH FLOOR<br>NEW YORK, NY 06902  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS<br>30 DAN ROAD<br>CANTON, MA 10036                              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY<br>1585 BROADWAY<br>NEW YORK, NY 97201               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NUVEEN<br>333 W. WACKER DR.<br>CHICAGO, IL 64105                    | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                      | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 02021             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                      | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 07102           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                            | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABERDEEN<br>1735 MARKET STREET<br>32ND FLOOR<br>PHILADELPHIA, PA 19103 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                                                                                                          | (b) Service Codes<br>(see instructions)                                                                                                                                                                                      | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                                                                                                                      | 33 71                                                                                                                                                                                                                        | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>BUFFALO C/O U.S BANK CORP FUND SERVICES<br>P.O BOX 701<br>PROVIDENCE, RI 02904 | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |
| NATIONAL FINANCIAL SERVICES                                                                                                                                      | 33 71                                                                                                                                                                                                                        | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>COLUMBIA 245 SUMMER STREET<br>FLOOR 3<br>BOSTON, MA 02110                      | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |
| NATIONAL FINANCIAL SERVICES                                                                                                                                      | 33 71                                                                                                                                                                                                                        | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>JANUS 30 DAN ROAD<br>SUITE 55932<br>CANTON, MA 02021                           | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JP MORGAN<br>30 DAN ROAD<br>SUITE S-710<br>CANTON, MA 10017         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD<br>30 ROCKEFELLER PLAZA<br>57TH FLOOR<br>NEW YORK, NY 06902  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33 71                                                                                                                                                              | 0                                         |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS<br>30 DAN ROAD<br>CANTON, MA 10036                              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

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

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                             |                                           |
| MORGAN STANLEY<br>1585 BROADWAY<br>NEW YORK, NY 97201                      | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                             |                                           |
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                             |                                           |
| NUVEEN<br>333 W. WACKER DR.<br>CHICAGO, IL 64105                           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                             |                                           |
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                             |                                           |
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 02021                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                           |

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33 71                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 07102        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MID ATLANTIC CAPITAL CORPORATION                        | 33 71                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FRANKLIN<br>100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO, INC.                               | 33 71                                   | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MANNING & NAPIER<br>290 WOODCLIFF DRIVE<br>FAIRPORT, NY 14450       | RANGE OF 0.35 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO, INC.                                           | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAK ASSOCIATES<br><br>34-1818085                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO, INC.                                           | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| RYDEX FUNDS<br><br>48-0409770                                       | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO, INC.                                           | 33 71                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SCHWAB FUNDS<br><br>94-3106735                                      | RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRANKLIN 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

|                                                           |                                  |
|-----------------------------------------------------------|----------------------------------|
| <b>a</b> Name: SS & G, INC.                               | <b>b</b> EIN: 34-1945695         |
| <b>c</b> Position: ACCOUNTANT                             |                                  |
| <b>d</b> Address: 301 SPRINGSIDE DRIVE<br>AKRON, OH 44333 | <b>e</b> Telephone: 330-668-9696 |
|                                                           |                                  |

Explanation: AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2013, THE PLAN'S FINANCIAL STATEMENTS WERE REPORTED ON BY SS&G, INC., WHOSE PRACTICE WAS COMBINED BY BDO USA, LLP EFFECTIVE JANUARY 1, 2015.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|                                                                                                                           |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>BUCKINGHAM DOOLITTLE &amp; BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST</u>                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
|                                                                                                                           |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BUCKINGHAM, DOOLITTLE &amp; BURROUGHS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1832611</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GUARANTEED POOLED ACCOUNT FUND

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-6071399-005</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1938608</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                    |                                                                            |            |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>           |                                                                            |            |
| <b>A</b> Name of plan<br><u>BUCKINGHAM DOOLITTLE &amp; BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST</u>         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
|                                                                                                                    |                                                                            |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BUCKINGHAM, DOOLITTLE &amp; BURROUGHS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1832611</u>         |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 33746                 | 27846           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 0                     | 326325          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  | 366                   | 366             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  | 21350                 | 5811            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  | 410323                | 355291          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 2238363               | 1938608         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 50375083              | 45766197        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 | 21102998              | 18470791        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 74182229              | 66891235        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 74182229 | 66891235 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 454686     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1020019    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 431011     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1905716   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 15999      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 16000     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1130446    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1130446   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 46625     |
| (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) |            | 2281064   |
| c Other income.....                                                                            | 2c     |            | 1132243   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6512094   |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 13674482 |          |
| (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) |          | 13674482 |
| f Corrective distributions (see instructions).....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 16       |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 4000     |          |
| (2) Contract administrator fees.....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 30651    |          |
| (4) Other.....                                                                      | 2i(4) | 93939    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 128590   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 13803088 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -7290994 |
| 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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

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

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

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

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

## Part V Trust Information (optional)

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

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>BUCKINGHAM DOOLITTLE & BURROUGHS LLC 401(K) PROFIT SHAR PLAN AND TRUST                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BUCKINGHAM, DOOLITTLE & BURROUGHS, LLC                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>34-1832611                                            |     |
| 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):<br><br>EIN(s): 13-3689044                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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                                                                                               | 55  |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



# **Buckingham, Doolittle & Burroughs, LLC 401(k) Profit Sharing Plan and Trust**

Financial Statements  
For the Years Ended December 31, 2014 and 2013

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

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Financial Statements  
For the Years Ended December 31, 2014 and 2013

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

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## **Independent Auditor's Report**

To The Plan Administrator of the  
Buckingham, Doolittle & Burroughs, LLC 401(k) Profit Sharing Plan and Trust  
Akron, Ohio

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the Buckingham, Doolittle & Burroughs, LLC 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

### ***Auditor's Responsibility***

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

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

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

### ***Disclaimer of Opinion***

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

*Other Matter – Supplemental Schedule*

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

*Other Matter – 2013 Financial Statements*

The 2013 financial statements of the Plan were audited by SS&G, Inc. (SS&G), whose directors and professional staff joined BDO USA, LLP effective January 1, 2015 and has subsequently ceased operations. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed SS&G not to perform, and they did not perform, any auditing procedures with respect to the information certified by State Street Bank and Trust Company and Massachusetts Fidelity Trust Company, the trustees of the Plan. SS&G's report, dated October 10, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees, were 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.

*Adjustments to Prior Period Financial Statements*

As discussed above, the 2013 financial statements of the Plan were audited by SS&G. As discussed in Note 10, the Plan has adjusted its 2013 financial statements as a result of errors related to the year ended December 31, 2013 and years prior thereto. SS&G reported on the financial statements before these adjustments. As part of our audit of the 2014 financial statements, we also audited the adjustments to restate the 2013 statement of net assets available for benefits as described in Note 10. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit the Plan's 2013 financial statements other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2013 financial statements as a whole.

*Report on Form and Content in Compliance with Department of Labor Rules and Regulations – 2014*

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

*BDO USA, LLP*

October 14, 2015

## **Financial Statements**

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**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>                                                                                                                                    | <b>2014</b>          | 2013<br>(Restated) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|
| <b>Assets</b>                                                                                                                                          |                      |                    |
| Investments, at fair value                                                                                                                             | <b>\$ 66,209,253</b> | \$ 73,771,540      |
| Receivables                                                                                                                                            |                      |                    |
| Notes receivable from participants                                                                                                                     | <b>355,291</b>       | 410,323            |
| Employer                                                                                                                                               | <b>326,325</b>       | -                  |
| Accrued interest receivable                                                                                                                            | <b>366</b>           | 366                |
|                                                                                                                                                        | <b>681,982</b>       | 410,689            |
| <b>Net Assets Available for Benefits at Fair Value</b>                                                                                                 | <b>66,891,235</b>    | 74,182,229         |
| Adjustment from fair value to contract value for interest<br>in pooled separate accounts relating to fully benefit-<br>responsive investment contracts | <b>(33,048)</b>      | (15,033)           |
| <b>Net Assets Available for Benefits</b>                                                                                                               | <b>\$ 66,858,187</b> | \$ 74,167,196      |

*See accompanying notes to financial statements.*

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Statement of Changes in Net Assets Available for Benefits**

| <i>Year Ended December 31,</i>                  | <b>2014</b>          |
|-------------------------------------------------|----------------------|
| <b>Additions to Net Assets Attributed to</b>    |                      |
| Investment income                               |                      |
| Net appreciation in fair value of investments   | \$ 3,430,528         |
| Interest and dividends                          | 1,141,835            |
|                                                 | <b>4,572,363</b>     |
| Interest on notes receivable from participants  | 16,000               |
| Contributions                                   |                      |
| Employees                                       | 1,020,019            |
| Employer's                                      | 454,686              |
| Participant rollovers                           | 431,011              |
| Total additions                                 | <b>6,494,079</b>     |
| <b>Deductions from Net Assets Attributed to</b> |                      |
| Benefits paid to participants                   | 13,674,498           |
| Administrative expenses                         | 128,590              |
| Total deductions                                | <b>13,803,088</b>    |
| Net decrease                                    | <b>(7,309,009)</b>   |
| <b>Net Assets Available for Benefits</b>        |                      |
| Beginning of year, as previously reported       | 73,317,096           |
| Prior period adjustment (Note 10)               | 850,100              |
| Beginning of year, as restated                  | <b>74,167,196</b>    |
| End of year                                     | <b>\$ 66,858,187</b> |

*See accompanying notes to financial statements.*

# **Buckingham, Doolittle & Burroughs, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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#### **1. Description of the Plan**

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

##### *General*

The Plan is a defined contribution plan covering substantially all employees of Buckingham, Doolittle & Burroughs, LLC (the Firm). Participants become eligible to participate in the Plan in accordance with Plan provisions on the first day of the month following the participant's date of hire. Participants are eligible to receive employer matching contributions on the first day of the month after completing one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

##### *Contributions*

Participants may elect to contribute up to 100% of their gross earnings directly to the Plan subject to limitations in the Internal Revenue Code (IRC). The Firm matches employee contributions at an amount equal to twenty-five percent of the first six percent of the participant's gross earnings deferred. A profit sharing contribution of \$326,325 was declared to the Plan for the year ended December 31, 2014.

Participant contributions to the Plan cease upon retirement or other termination of employment with the Firm. Participants may continue to maintain their account in the Plan after termination only if their account balance is greater than \$5,000. If the terminated participant's account balance is between \$1,000 and \$5,000 and an election is not made to either take a cash distribution or rollover their account into another employer plan or individual retirement account (IRA), an automatic rollover will be made on their behalf to a traditional IRA serviced by Transamerica Retirement Solutions Corporation (Transamerica). If the terminated participant's account balance is less than \$1,000, a mandatory distribution will be made unless the participant elects to have their account rolled over into another employer plan or an IRA.

##### *Participant accounts*

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

##### *Vesting*

Participants vest automatically in their contributions. Participants are fully vested in Firm contributions after six years of credited service, upon death, total and permanent disability, or upon reaching age 65.

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

---

*Notes receivable from participants*

Loans are permitted to be made to active participants and must be for a minimum of \$1,000 up to the lesser of one half of the participant's vested account balance or \$50,000. The loans are secured by the participant's vested interest in the Plan. The loan repayment period may not be less than one year and may not exceed five years unless the loan is used to purchase a participant's principal residence for which the period may not exceed thirty years. Interest is charged at the prime rate, as stated in the Wall Street Journal, plus 1%.

*Payment of benefits*

Upon termination of service, death, disability, or retirement, participants are eligible to receive an amount equal to the vested portion of their account balance to be distributed in accordance with Plan provisions.

*Forfeited accounts*

Forfeited balances of terminated participants' non-vested accounts are used to reduce future employer contributions. The balance of forfeitures of participants of non-vested employer contributions was \$5,515 and \$21,101 at December 31, 2014 and 2013, respectively. Forfeitures used to reduce employer contributions for the year ended December 31, 2014 was \$22,802.

*Plan expenses*

The Plan pays substantially all Plan expenses.

**2. Summary of significant accounting policies**

*Basis of accounting*

The accompanying financial statements and supplemental schedule are presented in conformity with generally accepted accounting principles.

*Valuation of investments*

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

The Accounting Standards Codification (ASC) Topic on Defined Contribution Pension Plans requires that investment contracts held by a defined-contribution plan be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the fair value of the pooled separate accounts as well as the adjustment from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

# **Buckingham, Doolittle & Burroughs, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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Purchases and sales of securities are reflected on a trade date basis. Gains or losses on sales of securities are based on average cost. Interest income is recorded on the accrual basis. Dividend income includes capital gains and is recorded on the ex-dividend date.

#### *Notes receivable from participants*

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

#### *Use of estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### *Payment of benefits*

Benefits are recorded when paid.

#### *Events occurring after the reporting date*

The Plan has evaluated events and transactions that occurred between December 31, 2014 and October 14, 2015, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

Effective January 7, 2015, the Plan changed its trustee to Fidelity Management Trust Company.

### **3. Fair value measurements**

ASC 820, Fair Value Measurements and Disclosures (ASC 820) enables the reader of the financial statements to assess the inputs used to develop fair value measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

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

*Level 2:* Inputs to the valuation methodology include:

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

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

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

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*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

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

*Cash reserve accounts, common and preferred stocks, corporate bonds and notes, exchange traded funds, and U.S. Government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Certificates of deposit:* Valued at the face amount and interest accrued thereon.

*Limited partnerships:* Valued at cost, which approximates fair value.

*Mutual funds:* Valued at the net asset value of shares held by the Plan at year-end.

*Money market funds:* Valued at \$1 per unit including applicable interest and fees.

*Pooled separate accounts:* The fair values of participation units in the pooled separate accounts are based upon the net asset values of such accounts which are provided by the trustee. The net asset value is based on the underlying assets owned by the account less liabilities and then divided by the number of shares outstanding. The investment objectives and underlying investments of the pooled separate accounts vary, and the underlying asset portfolio invests in investment grade securities with a minimum credit rating of BBB or Baa3. The accounts allow for daily redemptions and contributions, and do not require a specific notice period for redemption.

*Unit investment trusts:* Valued on the mark-to-market method of asset valuation. Under the mark-to-market method, the value of the investment is constantly adjusted based on current market rates.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# Buckingham, Doolittle & Burroughs, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

| Fair Value Measurements at the Reporting Date Using |              |         |         |               |
|-----------------------------------------------------|--------------|---------|---------|---------------|
|                                                     | Level 1      | Level 2 | Level 3 | Total         |
| Mutual funds:                                       |              |         |         |               |
| Target date                                         | \$14,395,608 | \$ -    | \$ -    | \$ 14,395,608 |
| Intermediate-term bond                              | 7,612,016    | -       | -       | 7,612,016     |
| Foreign large blend                                 | 4,576,137    | -       | -       | 4,576,137     |
| Large blend                                         | 4,515,547    | -       | -       | 4,515,547     |
| Large growth                                        | 2,747,114    | -       | -       | 2,747,114     |
| Large value                                         | 2,579,439    | -       | -       | 2,579,439     |
| Small blend                                         | 2,213,822    | -       | -       | 2,213,822     |
| Inflation-protected bond                            | 1,337,430    | -       | -       | 1,337,430     |
| World bond                                          | 1,787,615    | -       | -       | 1,787,615     |
| Real estate                                         | 1,752,479    | -       | -       | 1,752,479     |
| High yield bond                                     | 1,457,413    | -       | -       | 1,457,413     |
| Mid-cap growth                                      | 1,046,385    | -       | -       | 1,046,385     |
| Mid-cap value                                       | 1,004,610    | -       | -       | 1,004,610     |
| Diversified emerging markets                        | 186,779      | -       | -       | 186,779       |
| World allocation                                    | 695,481      | -       | -       | 695,481       |
| Fixed income                                        | 476,095      | -       | -       | 476,095       |
| Bear market                                         | 18,327       | -       | -       | 18,327        |
| Moderate allocation                                 | 219,743      | -       | -       | 219,743       |
| Mid-cap blend                                       | 611,163      | -       | -       | 611,163       |
| World stock                                         | 275,090      | -       | -       | 275,090       |
| Financial                                           | 22,720       | -       | -       | 22,720        |
| Small growth                                        | 304,114      | -       | -       | 304,114       |
| Foreign small/mid value                             | 91,273       | -       | -       | 91,273        |
| Foreign small/mid growth                            | 38,198       | -       | -       | 38,198        |
| Foreign small/mid blend                             | 26,837       | -       | -       | 26,837        |
| Technology                                          | 83,050       | -       | -       | 83,050        |
| Health                                              | 121,205      | -       | -       | 121,205       |
| Small value                                         | 220,108      | -       | -       | 220,108       |
| Corporate bond                                      | 166,506      | -       | -       | 166,506       |
| International/global stock                          | 18,940       | -       | -       | 18,940        |
| Long/short equity                                   | 182,677      | -       | -       | 182,677       |
| Managed futures                                     | 40,326       | -       | -       | 40,326        |
| Nontraditional bond                                 | 939,629      | -       | -       | 939,629       |
| Long-term bond                                      | 26,867       | -       | -       | 26,867        |
| Short-term bond                                     | 594,459      | -       | -       | 594,459       |
| Foreign large value                                 | 207,903      | -       | -       | 207,903       |
| Multisector bond                                    | 47,989       | -       | -       | 47,989        |
| Total mutual funds                                  | 52,641,094   | -       | -       | 52,641,094    |

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

| Fair Value Measurements at the Reporting Date Using |                      |                     |                   |                      |
|-----------------------------------------------------|----------------------|---------------------|-------------------|----------------------|
|                                                     | Level 1              | Level 2             | Level 3           | Total                |
| <b>Common stock:</b>                                |                      |                     |                   |                      |
| Technology                                          | \$ 1,398,544         | \$ -                | \$ -              | \$ 1,398,544         |
| Basic materials                                     | 773,363              | -                   | -                 | 773,363              |
| Consumer goods                                      | 658,754              | -                   | -                 | 658,754              |
| Consumer cyclical                                   | 4,550                | -                   | -                 | 4,550                |
| Consumer discretionary                              | 183,918              | -                   | -                 | 183,918              |
| Consumer staples                                    | 117,529              | -                   | -                 | 117,529              |
| Financial                                           | 794,314              | -                   | -                 | 794,314              |
| Healthcare                                          | 1,016,877            | -                   | -                 | 1,016,877            |
| Industrials                                         | 610,015              | -                   | -                 | 610,015              |
| Real estate                                         | 46,191               | -                   | -                 | 46,191               |
| Services                                            | 757,504              | -                   | -                 | 757,504              |
| Utilities                                           | 360,312              | -                   | -                 | 360,312              |
| Energy                                              | 391,569              | -                   | -                 | 391,569              |
| Other                                               | 222,185              | -                   | -                 | 222,185              |
| Conglomerates                                       | 183,983              | -                   | -                 | 183,983              |
| Telecommunication                                   | 111,402              | -                   | -                 | 111,402              |
| <b>Total common stock</b>                           | <b>7,631,010</b>     | <b>-</b>            | <b>-</b>          | <b>7,631,010</b>     |
| <b>Exchange traded funds:</b>                       |                      |                     |                   |                      |
| Corporate bond                                      | 35,823               | -                   | -                 | 35,823               |
| Energy                                              | 22,187               | -                   | -                 | 22,187               |
| Large blend                                         | 56,812               | -                   | -                 | 56,812               |
| Small growth                                        | 122,792              | -                   | -                 | 122,792              |
| Large growth                                        | 108,774              | -                   | -                 | 108,774              |
| Short-term bond                                     | 158,543              | -                   | -                 | 158,543              |
| Large value                                         | 157,600              | -                   | -                 | 157,600              |
| Commodities broad basket                            | 52,509               | -                   | -                 | 52,509               |
| Inflation-protected bond                            | 158,854              | -                   | -                 | 158,854              |
| <b>Total exchange traded funds</b>                  | <b>873,894</b>       | <b>-</b>            | <b>-</b>          | <b>873,894</b>       |
| Money market funds                                  | -                    | 1,934,781           | -                 | 1,934,781            |
| Pooled separate accounts                            | -                    | 1,938,608           | -                 | 1,938,608            |
| Certificates of deposit                             | -                    | 109,567             | -                 | 109,567              |
| Corporate bonds and notes                           | -                    | 376,788             | -                 | 376,788              |
| U.S. Government securities                          | 454,955              | -                   | -                 | 454,955              |
| Cash                                                | 71,488               | -                   | -                 | 71,488               |
| Limited partnerships                                | -                    | -                   | 177,068           | 177,068              |
| <b>Balance at December 31, 2014</b>                 | <b>\$ 61,672,441</b> | <b>\$ 4,359,744</b> | <b>\$ 177,068</b> | <b>\$ 66,209,253</b> |

# Buckingham, Doolittle & Burroughs, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 (Restated):

|                              | Fair Value Measurements at the Reporting Date Using |         |         |               |
|------------------------------|-----------------------------------------------------|---------|---------|---------------|
|                              | Level 1                                             | Level 2 | Level 3 | Total         |
| Mutual funds:                |                                                     |         |         |               |
| Target date                  | \$ 14,375,847                                       | \$ -    | \$ -    | \$ 14,375,847 |
| Intermediate-term bond       | 9,416,238                                           | -       | -       | 9,416,238     |
| Foreign large blend          | 5,286,069                                           | -       | -       | 5,286,069     |
| Large blend                  | 5,149,642                                           | -       | -       | 5,149,642     |
| Large growth                 | 3,041,655                                           | -       | -       | 3,041,655     |
| Large value                  | 2,851,179                                           | -       | -       | 2,851,179     |
| Small blend                  | 2,422,927                                           | -       | -       | 2,422,927     |
| Inflation-protected bond     | 1,665,700                                           | -       | -       | 1,665,700     |
| World bond                   | 2,015,886                                           | -       | -       | 2,015,886     |
| Real estate                  | 1,734,522                                           | -       | -       | 1,734,522     |
| High yield bond              | 2,308,716                                           | -       | -       | 2,308,716     |
| Mid-cap growth               | 1,116,115                                           | -       | -       | 1,116,115     |
| Mid-cap value                | 1,082,455                                           | -       | -       | 1,082,455     |
| Diversified emerging markets | 165,207                                             | -       | -       | 165,207       |
| World allocation             | 708,317                                             | -       | -       | 708,317       |
| Fixed income                 | 473,232                                             | -       | -       | 473,232       |
| Retirement income            | 327,886                                             | -       | -       | 327,886       |
| Moderate allocation          | 654,874                                             | -       | -       | 654,874       |
| Mid-cap blend                | 631,837                                             | -       | -       | 631,837       |
| World stock                  | 280,746                                             | -       | -       | 280,746       |
| Financial                    | 20,600                                              | -       | -       | 20,600        |
| Small growth                 | 212,244                                             | -       | -       | 212,244       |
| Foreign small/mid value      | 91,962                                              | -       | -       | 91,962        |
| Foreign small/mid growth     | 38,855                                              | -       | -       | 38,855        |
| Foreign small/mid blend      | 29,081                                              | -       | -       | 29,081        |
| Technology                   | 74,367                                              | -       | -       | 74,367        |
| Health                       | 128,758                                             | -       | -       | 128,758       |
| Small value                  | 317,754                                             | -       | -       | 317,754       |
| Corporate bond               | 151,726                                             | -       | -       | 151,726       |
| Commodities precious metals  | 3,832                                               | -       | -       | 3,832         |
| Conservative allocation      | 11,979                                              | -       | -       | 11,979        |
| Equity energy                | 15,870                                              | -       | -       | 15,870        |
| Managed futures              | 36,629                                              | -       | -       | 36,629        |
| Nontraditional bond          | 304,068                                             | -       | -       | 304,068       |
| Long-term bond               | 25,692                                              | -       | -       | 25,692        |
| Short-term bond              | 5,438                                               | -       | -       | 5,438         |
| Foreign large value          | 154,996                                             | -       | -       | 154,996       |
| Foreign large growth         | 70,292                                              | -       | -       | 70,292        |
| Trading-leveraged equity     | 58,319                                              | -       | -       | 58,319        |
| Multisector bond             | 45,926                                              | -       | -       | 45,926        |

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

| Fair Value Measurements at the Reporting Date Using |            |         |         |            |
|-----------------------------------------------------|------------|---------|---------|------------|
|                                                     | Level 1    | Level 2 | Level 3 | Total      |
| Open market                                         | \$ 23,430  | \$ -    | \$ -    | \$ 23,430  |
| Total mutual funds                                  | 57,530,868 | -       | -       | 57,530,868 |
| Common stock:                                       |            |         |         |            |
| Technology                                          | 1,254,288  | -       | -       | 1,254,288  |
| Basic materials                                     | 913,737    | -       | -       | 913,737    |
| Consumer goods                                      | 599,302    | -       | -       | 599,302    |
| Consumer cyclical                                   | 18,260     | -       | -       | 18,260     |
| Consumer discretionary                              | 97,188     | -       | -       | 97,188     |
| Consumer staples                                    | 125,168    | -       | -       | 125,168    |
| Financial                                           | 865,779    | -       | -       | 865,779    |
| Healthcare                                          | 961,199    | -       | -       | 961,199    |
| Industrials                                         | 562,791    | -       | -       | 562,791    |
| Real estate                                         | 50,560     | -       | -       | 50,560     |
| Services                                            | 704,570    | -       | -       | 704,570    |
| Utilities                                           | 395,833    | -       | -       | 395,833    |
| Energy                                              | 444,926    | -       | -       | 444,926    |
| Other                                               | 123,804    | -       | -       | 123,804    |
| Conglomerates                                       | 194,312    | -       | -       | 194,312    |
| Telecommunication                                   | 126,565    | -       | -       | 126,565    |
| Total common stock                                  | 7,438,282  | -       | -       | 7,438,282  |
| Exchange traded funds:                              |            |         |         |            |
| Corporate bond                                      | 17,699     | -       | -       | 17,699     |
| High yield bond                                     | 46,804     | -       | -       | 46,804     |
| Financial services                                  | 17,924     | -       | -       | 17,924     |
| Ultra short bond                                    | 13,441     | -       | -       | 13,441     |
| Latin America stock                                 | 12,957     | -       | -       | 12,957     |
| Energy                                              | 23,889     | -       | -       | 23,889     |
| Real estate                                         | 21,381     | -       | -       | 21,381     |
| Foreign small/mid blend                             | 36,029     | -       | -       | 36,029     |
| Mid-cap value                                       | 27,827     | -       | -       | 27,827     |
| Mid-cap blend                                       | 55,531     | -       | -       | 55,531     |
| Global real estate                                  | 17,716     | -       | -       | 17,716     |
| Small blend                                         | 60,022     | -       | -       | 60,022     |
| Emerging markets bond                               | 28,072     | -       | -       | 28,072     |
| Large blend                                         | 209,103    | -       | -       | 209,103    |
| Natural resources                                   | 42,147     | -       | -       | 42,147     |
| India equity                                        | 14,824     | -       | -       | 14,824     |
| Small growth                                        | 119,243    | -       | -       | 119,243    |
| Bank loan                                           | 25,129     | -       | -       | 25,129     |
| Large growth                                        | 96,958     | -       | -       | 96,958     |
| Short-term bond                                     | 259,430    | -       | -       | 259,430    |
| Large value                                         | 145,240    | -       | -       | 145,240    |

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

| Fair Value Measurements at the Reporting Date Using |                   |                  |                |                   |
|-----------------------------------------------------|-------------------|------------------|----------------|-------------------|
|                                                     | Level 1           | Level 2          | Level 3        | Total             |
| Commodities broad basket                            | \$ 61,918         | \$ -             | \$ -           | \$ 61,918         |
| Foreign large blend                                 | 127,332           | -                | -              | 127,332           |
| Inflation-protected bond                            | 250,092           | -                | -              | 250,092           |
| <br>Total exchange traded funds                     | <br>1,730,708     | <br>-            | <br>-          | <br>1,730,708     |
| Money market funds                                  | -                 | 2,680,672        | -              | 2,680,672         |
| Pooled separate accounts                            | -                 | 2,238,363        | -              | 2,238,363         |
| Certificates of deposit                             | -                 | 554,410          | -              | 554,410           |
| Corporate bonds and notes                           | -                 | 829,035          | -              | 829,035           |
| U.S. Government securities                          | 101,923           | -                | -              | 101,923           |
| Cash                                                | 60,350            | -                | -              | 60,350            |
| Preferred stock                                     | 96,196            | -                | -              | 96,196            |
| Unit investment trust                               | 346,159           | -                | -              | 346,159           |
| Limited partnerships                                | -                 | -                | 115,614        | 115,614           |
| Other                                               | 48,960            | -                | -              | 48,960            |
| <br>Balance at December 31, 2013                    | <br>\$ 67,353,446 | <br>\$ 6,302,480 | <br>\$ 115,614 | <br>\$ 73,771,540 |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

| Fair Value Measurements Using Significant Unobservable Inputs (Level 3)                |                       |
|----------------------------------------------------------------------------------------|-----------------------|
| Balance, December 31, 2013                                                             | \$ 115,614            |
| Realized and unrealized gains relating to instruments still held at the reporting date | <b>17,716</b>         |
| Purchases                                                                              | <b>59,412</b>         |
| Sales                                                                                  | <b>(15,674)</b>       |
| <br>Balance, December 31, 2014                                                         | <br><b>\$ 177,068</b> |

# Buckingham, Doolittle & Burroughs, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 4. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2014 and 2013, net appreciation in fair value, and interest and dividend income 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 State Street Bank and Trust Company and Massachusetts Fidelity Trust Company as of December 31, 2014 and 2013. As elected by the Plan administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements.

The fair values of individual investments that represent 5% or more of the Plan's net assets at either year-end are as follows:

| <i>December 31,</i>                                                                                             | <b>2014</b>      | 2013         |
|-----------------------------------------------------------------------------------------------------------------|------------------|--------------|
| PIMCO Total Return Instl<br>(24,409 and 405,893 shares at December 31, 2014 and 2013, respectively)             | \$ < 5%          | \$ 4,338,997 |
| Vanguard Target Retirement 2015<br>(203,624 and 287,024 shares at December 31, 2014 and 2013, respectively)     | < 5%             | 4,239,349    |
| Vanguard Large Cap Index Adm<br>(88,096 and 0 shares at December 31, 2014 and 2013, respectively)               | <b>4,197,790</b> | < 5%         |
| Vanguard Large Cap Index Signal<br>(0 and 126,691 shares at December 31, 2014 and 2013, respectively)           | < 5%             | 4,730,649    |
| American Funds EuroPacific Growth R6<br>(91,618 and 102,366 shares at December 31, 2014 and 2013, respectively) | <b>4,314,279</b> | 5,019,018    |
| JP Morgan CoreBond Select<br>(570,073 and 330,397 shares at December 31, 2014 and 2013, respectively)           | <b>6,698,361</b> | 3,789,651    |

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$3,430,528. For the year ended December 31, 2014, appreciation by investment type is not presented due to limitations in the trustees' reporting systems.

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

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**5. Nonparticipant-directed investments**

Information about the net assets and significant components of the changes in net assets related to the nonparticipant-directed investments is as follows:

| <i>December 31,</i>            | <b>2014</b>           | 2013          |
|--------------------------------|-----------------------|---------------|
| Net Assets:                    |                       |               |
| Mutual funds                   | <b>\$ 28,139,762</b>  | \$ 32,435,133 |
| <hr/>                          |                       |               |
| <i>Year Ended December 31,</i> | <b>2014</b>           |               |
| Changes in net assets:         |                       |               |
| Net appreciation               | <b>\$ 2,661,464</b>   |               |
| Interest and dividends         | <b>788,068</b>        |               |
| Administrative fees            | <b>(55,842)</b>       |               |
| Benefits paid to participants  | <b>(7,349,617)</b>    |               |
| <hr/>                          |                       |               |
|                                | <b>\$ (3,955,927)</b> |               |

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**6. Tax status**

The Plan obtained its latest determination letter on September 25, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they also believe that the Plan was qualified and tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, 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.

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

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**7. Transactions with parties-in-interest**

Certain Plan investments were shares of mutual funds, pooled separate accounts and a common/collective trust fund that were managed by State Street Bank and Trust Company (SSBT), a trustee of the Plan, and Transamerica Retirement Solutions Corporation (TRS), the record keeper of the Plan, as of December 31, 2014 and December 31, 2013. Therefore, transactions therewith qualify as party-in-interest transactions. Fees paid by the Plan for investment management services provided by SSBT and TRS are included as a reduction of the return earned on each fund.

**8. Risks and uncertainties**

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

**9. Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

| <i>December 31,</i>                                                                            | <b>2014</b>          | 2013<br>(Restated) |
|------------------------------------------------------------------------------------------------|----------------------|--------------------|
| Net assets available for benefits per the financial statements                                 | <b>\$ 66,858,187</b> | \$ 74,167,196      |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | <b>33,048</b>        | 15,033             |
| Net assets available for benefits per the Form 5500                                            | <b>\$66,891,235</b>  | \$ 74,182,229      |

The following is a reconciliation of net increase per the financial statements to the Form 5500 for the years ended December 31:

| <i>December 31,</i>                                                                                      | <b>2014</b>           |
|----------------------------------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets available for benefits per the financial statements                           | <b>\$ (7,309,009)</b> |
| Change in adjustment from fair value to contract value for fully benefit-responsive investment contracts | <b>18,015</b>         |
| Net decrease per the Form 5500                                                                           | <b>\$(7,290,994)</b>  |

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**

**Notes to Financial Statements**

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**10. Prior period adjustment**

During 2014, an error was discovered that resulted in the restatement of previously reported amounts on the 2013 statement of net assets available for benefits and the related notes to the financial statements. The error occurred when a distribution out of an investment fund was inadvertently recorded as a participant distribution, when in fact it was a transfer to a self-directed investment account within the Plan. As a result, the 2013 net assets available for benefits were understated by \$850,100. Accordingly, an adjustment for \$850,100 was made to increase the net assets available for benefits as of December 31, 2013.

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2014**  
**EIN: 34-1832611 Plan Number: 002**

| (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 |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| *   | State Street Bank & Trust Co.                            | Cash Reserve Account                                                                                       | \$        | \$ 33,657         |
|     | American Funds EuroPacific Growth R6                     | Mutual Fund                                                                                                | 3,443,195 | 4,314,279         |
|     | BlackRock High Yield Bond                                | Mutual Fund                                                                                                | 1,455,872 | 1,383,955         |
|     | Buffalo Small Cap                                        | Mutual Fund                                                                                                | 199,980   | 199,400           |
|     | Columbia Mid Cap Index Z                                 | Mutual Fund                                                                                                | 342,744   | 456,006           |
|     | DFA US Small Cap Value I                                 | Mutual Fund                                                                                                | 65,882    | 66,194            |
|     | Franklin Growth Adv                                      | Mutual Fund                                                                                                | 1,677,505 | 2,532,636         |
|     | John Hancock Disciplined Value Mid Cap R6                | Mutual Fund                                                                                                | 828,674   | 947,298           |
|     | JP Morgan CoreBond Select                                | Mutual Fund                                                                                                | 6,750,828 | 6,698,361         |
|     | Lazard Emerging Markets Inst                             | Mutual Fund                                                                                                | 190,966   | 173,589           |
|     | MFS Global Equity R4                                     | Mutual Fund                                                                                                | 209,105   | 209,596           |
|     | Morgan Stanley Institutional Mid Cap Growth A            | Mutual Fund                                                                                                | 816,151   | 950,720           |
|     | Nuveen Real Estate Secs I                                | Mutual Fund                                                                                                | 1,215,990 | 1,648,834         |
|     | PIMCO Real Return Instl                                  | Mutual Fund                                                                                                | 1,331,427 | 1,273,434         |
|     | PIMCO Total Return Instl                                 | Mutual Fund                                                                                                | 271,025   | 260,201           |
|     | T. Rowe Price Equity Income                              | Mutual Fund                                                                                                | 2,287,353 | 2,311,439         |
|     | Templeton Global Bond Adv                                | Mutual Fund                                                                                                | 1,637,394 | 1,526,454         |
| *   | Transamerica Partners Instl Money Market                 | Mutual Fund                                                                                                | 146,412   | 146,413           |
| *   | Transamerica Partners Money Market                       | Mutual Fund                                                                                                | 103,246   | 103,244           |
|     | Vanguard Large Cap Index Adm                             | Mutual Fund                                                                                                | 3,943,686 | 4,197,790         |
|     | Vanguard Small Cap Index Adm                             | Mutual Fund                                                                                                | 1,886,840 | 1,970,745         |
|     | Vanguard Target Retirement 2010                          | Mutual Fund                                                                                                | 1,010,262 | 1,174,912         |
|     | Vanguard Target Retirement 2015                          | Mutual Fund                                                                                                | 2,477,216 | 3,113,411         |
|     | Vanguard Target Retirement 2020                          | Mutual Fund                                                                                                | 1,300,596 | 1,663,379         |
|     | Vanguard Target Retirement 2025                          | Mutual Fund                                                                                                | 2,509,971 | 2,958,511         |

**Buckingham, Doolittle & Burroughs, LLC**  
**401(k) Profit Sharing Plan and Trust**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2014**  
**EIN: 34-1832611 Plan Number: 002**

| (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 |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|     | Vanguard Target Retirement 2030                          | Mutual Fund                                                                                                | \$ **     | \$ 2,079,552      |
|     | Vanguard Target Retirement 2035                          | Mutual Fund                                                                                                | **        | 1,350,062         |
|     | Vanguard Target Retirement 2040                          | Mutual Fund                                                                                                | **        | 337,321           |
|     | Vanguard Target Retirement 2045                          | Mutual Fund                                                                                                | **        | 481,690           |
|     | Vanguard Target Retirement 2050                          | Mutual Fund                                                                                                | **        | 134,774           |
|     | Vanguard Target Retirement 2055                          | Mutual Fund                                                                                                | **        | 1,724             |
|     | Vanguard Target Retirement Income                        | Mutual Fund                                                                                                | **        | 587,911           |
|     | Vanguard Wellington Adm                                  | Mutual Fund                                                                                                | **        | 512,362           |
|     |                                                          | Guaranteed Pooled Fund                                                                                     |           |                   |
| *   | Transamerica Financial Life Ins. Co.                     | (Unbundled)                                                                                                | 1,938,608 | 1,938,608         |
|     |                                                          | Personal Choice Retirement                                                                                 |           |                   |
|     | Charles Schwab Institutional                             | Account (Other Funds)                                                                                      | **        | 6,642,511         |
|     |                                                          | Self-Directed Brokerage                                                                                    |           |                   |
|     | SDA Accounts                                             | Accounts                                                                                                   | **        | 11,828,280        |
| *   | Participant Loans                                        | 3.59% - 6.17%                                                                                              | -0-       | 355,291           |

\* Identified as a party-in-interest.

\*\* No longer required for participant-directed assets.

# Schedule C, Line 2(h) Formula Descriptions

**Buckingham, Doolittle & Burroughs, LLC 401(k) Profit Sharing Plan and Trust**

**EIN No.: 34-1832611, Plan No. 002**

**Plan Year Ending: 12/31/2014**

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |
| MID ATLANTIC CAPITAL CORPORATION  | 25-1409618 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family    | Fund Name                      | Start Date | End Date   | Revenue to<br>Transamerica<br>Retirement<br>Solutions | Revenue to National<br>Financial Services | Revenue to Mid<br>Atlantic Capital<br>Corporation |
|----------------|--------------------------------|------------|------------|-------------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| ABERDEEN       | ABERDEEN GLB HIGH INCOME I     | 1/1/2014   | 7/31/2014  | 2.927                                                 | 0.073                                     |                                                   |
| ABERDEEN       | ABERDEEN GLB HIGH INCOME I     | 1/1/2014   | 7/31/2014  | 4.878                                                 | 0.122                                     |                                                   |
| BUFFALO        | BUFFALO SMALL CAP              | 1/1/2014   | 12/31/2014 | 39.024                                                | 0.976                                     |                                                   |
| COLUMBIA       | COLUMBIA MID CAP INDEX, Z      | 1/1/2014   | 12/31/2014 | 9.756                                                 | 0.244                                     |                                                   |
| FRANKLIN       | FRANKLIN GROWTH ADV            | 1/1/2014   | 12/31/2014 | 24.000                                                |                                           | 1.000                                             |
| FRANKLIN       | TEMPLETON GLOBAL BOND, ADV     | 1/1/2014   | 12/31/2014 | 24.000                                                |                                           | 1.000                                             |
| JANUS          | PERKINS SMALL CAP VALUE T      | 1/1/2014   | 7/31/2014  | 34.146                                                | 0.854                                     |                                                   |
| JP MORGAN      | JP MORGAN CORE BOND SELECT     | 1/1/2014   | 12/31/2014 | 24.390                                                | 0.610                                     |                                                   |
| LAZARD         | LAZARD EMERGING MKTS EQT INSTL | 1/1/2014   | 12/31/2014 | 14.634                                                | 0.366                                     |                                                   |
| MFS            | MFS GLOBAL EQUITY R4 FD        | 7/31/2014  | 12/31/2014 | 14.634                                                | 0.366                                     |                                                   |
| MORGAN STANLEY | MORGAN STANLEY INST MID GR A   | 1/1/2014   | 12/31/2014 | 39.024                                                | 0.976                                     |                                                   |
| NUVEEN         | NUVEEN REAL EST SEC I          | 1/1/2014   | 12/31/2014 | 24.390                                                | 0.610                                     |                                                   |
| PIMCO          | PIMCO REAL RETURN, INST CLASS  | 1/1/2014   | 12/31/2014 | 2.927                                                 | 0.073                                     |                                                   |
| PIMCO          | PIMCO TOTAL RETURN INST CLASS  | 1/1/2014   | 12/31/2014 | 2.927                                                 | 0.073                                     |                                                   |
| T ROWE PRICE   | T. ROWE PRICE EQUITY INCOME    | 1/1/2014   | 12/31/2014 | 14.634                                                | 0.366                                     |                                                   |

**Buckingham, Doolittle & Burroughs, LLC 401(k) Profit Sharing Plan and Trust**  
**EIN No.: 34-1832611, Plan No. 002**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 12/31/2014**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (d)<br>Cost         | (e)<br>CURRENT VALUE |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| *   | State Street Bank & Trust Co.                                   | Cash Reserve Account                                                                                  | 33,657.00           | 33,657               |
|     | American Funds                                                  | American Funds EuroPacific Growth R6                                                                  | 3,443,195.00        | 4,314,279            |
|     | BlackRock                                                       | BlackRock High Yield Bond BlackRock                                                                   | 1,455,872.00        | 1,383,955            |
|     | Buffalo                                                         | Buffalo Small Cap                                                                                     | 199,980.00          | 199,400              |
|     | Columbia                                                        | Columbia Mid Cap Index Z                                                                              | 342,744.00          | 456,006              |
|     | Dimensional                                                     | DFA US Small Cap Value I                                                                              | 65,882.00           | 66,194               |
|     | Franklin Templeton                                              | Franklin Growth Adv                                                                                   | 1,677,505.00        | 2,532,636            |
|     | John Hancock                                                    | John Hancock Disciplined Value Mid Cap R6                                                             | 828,674.00          | 947,298              |
|     | JPMorgan                                                        | JPMorgan Core Bond Select                                                                             | 6,750,828.00        | 6,698,361            |
|     | Lazard                                                          | Lazard Emerging Markets Equity Inst                                                                   | 190,966.00          | 173,589              |
|     | MFS                                                             | MFS Global Equity R4                                                                                  | 209,105.00          | 209,596              |
|     | Morgan Stanley                                                  | Morgan Stanley Instl Mid Cap Growth A                                                                 | 816,151.00          | 950,720              |
|     | Nuveen                                                          | Nuveen Real Estate Secs I                                                                             | 1,215,990.00        | 1,648,834            |
|     | PIMCO                                                           | PIMCO Real Return Instl                                                                               | 1,331,427.00        | 1,273,434            |
|     | PIMCO                                                           | PIMCO Total Return Instl                                                                              | 271,025.00          | 260,201              |
|     | T. Rowe Price                                                   | T. Rowe Price Equity Income                                                                           | 2,287,353.00        | 2,311,439            |
|     | Franklin Templeton                                              | Templeton Global Bond Adv                                                                             | 1,637,394.00        | 1,526,454            |
|     | Transamerica Partners Funds Group                               | Transamerica Partners Instl Money Market                                                              | 146,412.00          | 146,413              |
|     | Transamerica Partners Funds Group                               | Transamerica Partners Money Market                                                                    | 103,246.00          | 103,244              |
|     | Vanguard                                                        | Vanguard Large-Cap Index Adm                                                                          | 3,943,686.00        | 4,197,790            |
|     | Vanguard                                                        | Vanguard Small Cap Index Adm                                                                          | 1,886,840.00        | 1,970,745            |
|     | Vanguard                                                        | Vanguard Target Retirement 2010 Inv                                                                   | 1,010,262.00        | 1,174,912            |
|     | Vanguard                                                        | Vanguard Target Retirement 2015 Inv                                                                   | 2,477,216.00        | 3,113,411            |
|     | Vanguard                                                        | Vanguard Target Retirement 2020 Inv                                                                   | 1,300,596.00        | 1,663,379            |
|     | Vanguard                                                        | Vanguard Target Retirement 2025 Inv                                                                   | 2,509,971.00        | 2,958,511            |
|     | Vanguard                                                        | Vanguard Target Retirement 2030 Inv                                                                   | 1,519,139.00        | 2,079,552            |
|     | Vanguard                                                        | Vanguard Target Retirement 2035 Inv                                                                   | 947,578.00          | 1,350,062            |
|     | Vanguard                                                        | Vanguard Target Retirement 2040 Inv                                                                   | 249,740.00          | 337,321              |
|     | Vanguard                                                        | Vanguard Target Retirement 2045 Inv                                                                   | 379,604.00          | 481,690              |
|     | Vanguard                                                        | Vanguard Target Retirement 2050 Inv                                                                   | 110,047.00          | 134,774              |
|     | Vanguard                                                        | Vanguard Target Retirement 2055 Inv                                                                   | 1,745.00            | 1,723                |
|     | Vanguard                                                        | Vanguard Target Retirement Income Inv                                                                 | 549,123.00          | 587,911              |
|     | Vanguard                                                        | Vanguard Wellington Adm                                                                               | 440,596.00          | 512,362              |
|     |                                                                 | <b>Mutual Funds Total</b>                                                                             | <b>#####</b>        | <b>45,766,197</b>    |
|     | Transamerica Financial Life Ins. Co.                            | Guaranteed Pooled Fund (Unbundled)                                                                    | 1,938,608.00        | 1,938,608            |
|     |                                                                 | <b>Separate Account Total</b>                                                                         | <b>1,938,608.00</b> | <b>1,938,608</b>     |
|     | Charles Schwab Institutional                                    | Personal Choice Retirement Account (Other Funds)                                                      | 6,642,511.00        | 6,642,511            |
|     | SDA Accounts                                                    | Self Directed Brokerage Accounts                                                                      |                     | 10,912,818           |
| *   | Participants                                                    | Notes Receivable with interest rates of 3.59% to 6.17%                                                |                     | 355,291              |
|     |                                                                 | <b>TOTAL PLAN ASSETS</b>                                                                              |                     | <b>65,649,083</b>    |

\* Indicates Party-In-Interest to the Plan