

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| 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>DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN                                                                                                                                              | <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;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>10/01/1997</td> </tr> </table>                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                     | 001 | <b>1c</b> Effective date of plan<br>10/01/1997            |  |                                                      |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                  | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |     |                                                           |  |                                                      |  |  |  |
| <b>1c</b> Effective date of plan<br>10/01/1997                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                           |  |                                                      |  |  |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>DAILYACCESS CORPORATION<br><br>307 N. UNIVERSITY BLVD.<br>BUILDING 3, SUITE 1500<br>MOBILE, AL 36688 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN)<br/>63-1156117</td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>251-665-1800</td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>541990</td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>63-1156117 |     | <b>2c</b> Plan Sponsor's telephone number<br>251-665-1800 |  | <b>2d</b> Business code (see instructions)<br>541990 |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br>63-1156117                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                           |  |                                                      |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br>251-665-1800                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                           |  |                                                      |  |  |  |
| <b>2d</b> Business code (see instructions)<br>541990                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                           |  |                                                      |  |  |  |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                           |  |                                                      |  |  |  |

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

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

|                                                                                                                                                                                                          |                                                   |      |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                         | Filed with authorized/valid electronic signature. |      |                                                              |
| <b>SIGN HERE</b>                                                                                                                                                                                         | 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)<br>CAROLYN MCKEAN<br>RUSSELL THOMPSON BUTLER & HOUSTON,<br>P.O. BOX 70106<br>MOBILE, AL 36670 |                                                   |      | Preparer's telephone number (optional)<br>251-473-5550       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> 185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b><br><br><b>6a(2)</b> 131<br><br><b>6b</b> 13<br><br><b>6c</b> 42<br><br><b>6d</b> 186<br><br><b>6e</b><br><br><b>6f</b> 186<br><br><b>6g</b> 170<br><br><b>6h</b> 21                                                                                                                                                                                                                                                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3H<br><br><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 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 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 type="checkbox"/> <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 \_\_\_\_\_

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

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

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DAILYACCESS CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>63-1156117</u> |

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

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

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

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

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

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

AMERICAN FUNDS P.O. BOX 2280  
NORFOLK, VA 23501

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

ABERDEEN GLOBAL 330 MADISON AVENUE  
NEW YORK, NY 10017

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

GOLDMAN SACHS P.O. BOX 219711  
KANSAS CITY, MO 64121

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

ISHARES 525 WASHINGTON BOULEVARD, STE 1405  
JERSEY CITY, NJ 07310

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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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JP MORGAN FUNDS

30 DAN ROAD  
CANTON, MA 02021

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

---

METLIFE

485-B ROUTE 1 SOUTH 3RD FLOOR  
ISELIN, NJ 08830

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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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PIMCO

1345 AVENUE OF THE AMERICAS  
NEW YORK, NY 10105

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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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VANGUARD

455 DEVON PARK DRIVE  
WAYNE, PA 19087-1815

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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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ALLIANCE BERNSTEIN

1345 AVENUE OF THE AMERICAS  
NEW YORK, NY 10105

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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)

CAP FINANCIAL PARTNERS, LLC

26-0058143

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 63 50                      | NONE                                                                                                     | 30000                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

| <b>(b)</b><br>Service 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"/>                                            |

**(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"/>                                            |

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| AMERICAN FUNDS<br>P.O. BOX 2280<br>NORFOLK, VA 23501                       | .25%                                    |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| GOLDMAN SACHS<br>P.O. BOX 219711<br>KANSAS CITY, MO 64121                  | .25%                                    |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| JP MORGAN FUNDS<br>30 DAN ROAD<br>CANTON, MA 02021                         | .25%                                    |                                           |

**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 |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| METLIFE<br>485-B ROUTE 1 SOUTH 3RD FLOOR<br>ISELIN, NJ 08830               | .25%                                    |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 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 10105                 | .25%                                    |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| ABERDEEN GLOBAL<br>330 MADISON AVENUE<br>NEW YORK, NY 10017                | .25%                                    |                                           |

**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 |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| ISHARES 525 WASHINGTON BOULEVARD, STE 1405<br>JERSEY CITY, NJ 07310        |                                         | .25%                                      |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                | 27 63                                   | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| VANGUARD 455 DEVON PARK DRIVE<br>WAYNE, PA 19087-1815                      |                                         | .25%                                      |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                         |                                           |
| CAP FINANCIAL PARTNERS, LLC                                                |                                         | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                         |                                           |
| ALLIANCE BERNSTEIN 1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105       |                                         | .25%                                      |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2014 or fiscal plan year beginning <span style="color: blue;">01/01/2014</span> and ending <span style="color: blue;">12/31/2014</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN</span>                                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                    | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">DAILYACCESS CORPORATION</span>                              | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">63-1156117</span> |                                       |

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

|                                                                                                   |  |
|---------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MET MASTER TRUST</span> |  |
|---------------------------------------------------------------------------------------------------|--|

|                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">RELIANCE TRUST COMPANY</span> |  |
|------------------------------------------------------------------------------------------------------------|--|

|                                                                  |                                                          |                                                                                                                                                            |
|------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <span style="color: blue;">58-1428634-004</span> | <b>d</b> Entity code <span style="color: blue;">C</span> | <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; color: blue;">366967</span> |
|------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>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>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> | 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 <b>01/01/2014</b> and ending <b>12/31/2014</b> |                                                                    |
| <b>A</b> Name of plan<br><b>DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN</b>                       | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DAILYACCESS CORPORATION</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>63-1156117</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | <b>3784</b>           | <b>3784</b>     |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <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>    | <b>258782</b>         | <b>188863</b>   |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | <b>717436</b>         | <b>366967</b>   |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <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>   | <b>7031344</b>        | <b>8136565</b>  |
| <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>   |                       |                 |

**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>    | 8011346               | 8696179         |

**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> | 8011346 | 8696179 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 226995     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 546653     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 6382       |           |
| (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>    |            | 780030    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 8154       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 8154      |
| (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> | 180083     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 180083    |
| (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> |            |           |
| (C) 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)  |            |           |
| (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) |            | 382014    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1350281   |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 587956 |        |
| (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) |        | 587956 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        | 47492  |
| h Interest expense .....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |        |        |
| (2) Contract administrator fees .....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 30000  |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 30000  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 665448 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 684833 |
| 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: RUSSELL THOMPSON BUTLER & HOUSTON,

(2) EIN: 63-0965059

**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   |    | 900000 |
| <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>DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DAILYACCESS CORPORATION                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>63-1156117                                            |     |
| 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): 27-3169253                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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): \_\_\_\_\_

**DAILYACCESS CORPORATION**  
**§401(K) PROFIT SHARING PLAN AND TRUST**

Financial Statements  
and  
Supplemental Schedules

as of  
December 31, 2014 and 2013



**DAILYACCESS CORPORATION §401(K) PROFIT SHARING  
PLAN AND TRUST**

|                                                              |    |
|--------------------------------------------------------------|----|
| Independent Auditor's Report                                 | 2  |
| Statement of Net Assets Available for Benefits               | 4  |
| Statement of Changes in Net Assets Available for Benefits    | 5  |
| Notes to Financial Statements                                | 6  |
| Schedule H - Schedule of Assets Held for Investment Purposes | 14 |
| Schedule H – Schedule of Reportable Transactions             | 15 |

## **INDEPENDENT AUDITOR'S REPORT**

The Plan Administrator and Trustees  
DailyAccess Corporation  
Mobile, Alabama

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

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

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

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting 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 8, which was certified by Versight Trust Company and Mid-Atlantic Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. 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 Verisight Trust Company as of and for the year ended December 31, 2014 and from Mid-Atlantic Trust Company as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustees is complete and accurate.

**RUSSELL THOMPSON BUTLER & HOUSTON, LLP**  
*Certified Public Accountants*

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedules of assets held for investment purposes and reportable transactions as of December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

**Emphasis of a Matter**

As discussed in Note 1 to the financial statements, effective February 9, 2015, the Plan merged into the Verisight, Inc. 401(k) Plan. The financial statements do not include any adjustments that might be necessary upon transfer. Our opinion is not modified with respect to that matter.

*Russell Thompson Butler & Houston, LLP*

*Mobile, Alabama  
October 14, 2015*

## DAILYACCESS CORPORATION §401(K) PROFIT SHARING PLAN AND TRUST

### Statement of Net Assets Available for Benefits

| December 31                              | 2014                | 2013                |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Cash                                     | \$ 3,784            | \$ 3,784            |
| Investments at fair value                |                     |                     |
| Mutual funds                             | 8,136,565           | 7,031,344           |
| Common collective funds                  | 366,967             | 717,436             |
| <b>Total investments</b>                 | <b>8,503,532</b>    | <b>7,748,780</b>    |
| Receivables                              |                     |                     |
| Refundable fees                          | -                   | 15,074              |
| Employer contributions                   | 4,709               | -                   |
| Notes receivable from participants       | 188,863             | 258,782             |
| <b>Total receivables</b>                 | <b>193,572</b>      | <b>273,856</b>      |
| <b>Net assets available for benefits</b> | <b>\$ 8,700,888</b> | <b>\$ 8,026,420</b> |

*See notes to financial statements*

## DAILYACCESS CORPORATION §401(K) PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2014

**Additions to net assets attributable to:**

|                                               |            |
|-----------------------------------------------|------------|
| Investment income                             |            |
| Dividends and interest                        | \$ 180,083 |
| Interest on loans                             | 8,154      |
| Total investment income                       | 188,237    |
| Contributions                                 |            |
| Employer                                      | 231,704    |
| Employee                                      | 546,653    |
| Rollovers                                     | 6,382      |
| Total contributions                           | 784,739    |
| Net appreciation in fair value of investments | 366,940    |
| Total additions                               | 1,339,916  |

**Deductions from net assets attributable to:**

|                           |         |
|---------------------------|---------|
| Participant distributions | 587,956 |
| Deemed distributions      | 47,492  |
| Administrative expenses   | 30,000  |
| Total                     | 665,448 |
| Net increase              | 674,468 |

**Net assets available for benefits**

|                   |              |
|-------------------|--------------|
| Beginning of year | 8,026,420    |
| End of year       | \$ 8,700,888 |

*See notes to financial statements*

## DAILYACCESS CORPORATION §401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements  
December 31, 2014

### Note 1 - Plan description

The following description of the DailyAccess Corporation §401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan document.

#### *General*

The Plan, adopted October 1, 1997, is a defined contribution plan established by DailyAccess Corporation (the Company) under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. All employees of the Company who have attained the age of 19 are eligible to participate. Employees may begin participating in the Plan on the first day of the month following the month they become eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Plan administration*

Under the trust agreement dated October 15, 2011, Mid Atlantic Trust Company (the Trustee) was appointed trustee for the Plan. Under the assignment agreement dated August 1, 2014, Verisight Trust Company (The Trustee) was appointed trustee for the Plan. The Plan is administered by the Company.

#### *Contributions*

Each year, participants may elect to defer up to 100% of pretax annual compensation, as defined in the Plan, subject to limitations under the IRC. Participants may also rollover contributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes discretionary contributions, 50% of the first 8% of a participant's deferral which totaled \$231,704 for the year ended December 31, 2014.

#### *Vesting*

Participants are fully vested in their contributions and the earnings thereon. Vesting in employer matching and profit sharing is based on years of continuous service. A participant vests according to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 1             | 0%                       |
| 1                       | 20%                      |
| 2                       | 40%                      |
| 3                       | 60%                      |
| 4                       | 80%                      |
| 5                       | 100%                     |

Forfeitures can be used to reduce employer contributions for the succeeding plan year and to pay plan fees. Total forfeitures for the year ended December 31, 2014 were \$25,922. During 2014, the Company used \$18,140 of existing forfeitures toward employer contributions and \$30,000 to pay plan fees. The cumulative forfeiture account balance as of December 31, 2014 was \$4,231.

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## DAILYACCESS CORPORATION §401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### **Note 1 - Plan description (continued)**

#### ***Participant loans***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. A participant may have only one loan outstanding at a time. Loans are secured by the balance in the participant's account and bear interest at 1% plus the prime rate published in the *Wall Street Journal* on the first business day of each month. The interest rate for all participant loans was 4.25% at December 31, 2014. Loan repayments are made through payroll deductions, generally over periods ranging up to five years unless it is for the purchase of a primary residence. Participant loans are measured at the amount of unpaid principal plus any material accrued and unpaid interest.

#### ***Benefits***

Upon termination of service due to retirement, death, disability, or other service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. The form of payment is a lump-sum distribution or an installment distribution if a participant's vested interest is greater than \$5,000. Additionally, distributions in instances of financial hardship are not allowed under the plan.

#### ***Participant accounts***

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and employer matching, as well as the participant's allocated share of the Plan's earnings and losses. Allocations of the Plan's earnings and losses are based on the participant's account balance.

#### ***Investment options***

Participants direct contributions, including employer matching contributions, into various investment options. Participants may change their investment elections daily. These investment options consist of a variety of mutual fund types including bond funds, equity funds and index funds. The funds invest in debt and equity securities of various U. S. and foreign companies along with U. S. and foreign government securities. There is a stable value fund which provides income on cash reserves by following the general trend of market interest rates.

#### ***Merger***

Subsequent to December 31, 2014, the Board of Directors of Verisight, Inc., the parent company of DailyAccess Corporation, approved the merger of this plan into the Verisight, Inc. 401(k) Plan, effective February 9, 2015. As a result, all investments were transferred from the Plan into the Verisight, Inc. 401(k) Plan on that date.

### **Note 2 - Summary of significant accounting policies**

#### ***Basis of accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

#### ***Income recognition***

Interest and dividend income is recorded as earned on the accrual basis.

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## DAILYACCESS CORPORATION §401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### **Note 2 - Summary of significant accounting policies (continued)**

#### *Investment valuation*

Investments of the Plan are stated at fair value based upon quoted market prices for identical assets (Level 1 as required by FASB ASC 820 Fair Value Measurements and Disclosures). Investments in common collective funds are considered stable value funds and are stated at contract value which approximates fair value (Level 2). Purchases and sales of securities are reflected on a trade-date basis. The difference between cost and market value from one period to the next is recognized as net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

#### *Administrative expenses*

The majority of administrative expenses are paid by the plan sponsor.

#### *Use of estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

#### *Subsequent events*

The plan sponsor's evaluation of subsequent events through October 14, 2015, which is the date the financial statements were available to be issued, revealed no significant matters to be recorded or disclosed, except the merger as disclosed in Note 1.

## DAILYACCESS CORPORATION §401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### Note 3 - Reconciliation to Form 5500

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

| December 31                                                                    | 2014         | 2013         |
|--------------------------------------------------------------------------------|--------------|--------------|
| Net assets available for benefits per Form 5500                                | \$ 8,696,179 | \$ 8,011,346 |
| Employer contributions                                                         | 4,709        | -            |
| Refundable fees                                                                | -            | 15,074       |
| Net assets available for benefits per the<br>accompanying financial statements | \$ 8,700,888 | \$ 8,026,420 |

The following is a reconciliation of the net increase in net assets available for benefits per the Form 5500 to the financial statements for the year ended December 31, 2014:

|                                                                                                |            |
|------------------------------------------------------------------------------------------------|------------|
| Net increase in net assets available for<br>benefits per Form 5500                             | \$ 684,833 |
| Net decrease in refundable fees                                                                | (15,074)   |
| Net increase in employer contributions                                                         | 4,709      |
| Net increase in net assets available for benefits<br>per the accompanying financial statements | \$ 674,468 |

Differences between the Form 5500 and the financial statements are caused by corrective employer contributions and refundable fees. Other immaterial, classification differences by the third-party plan administrator may exist, but do not significantly change the financial statements.

## DAILYACCESS CORPORATION §401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### Note 4 - Investments

The following table represents the fair values of investments. Investments that represent over five percent (5%) or more of the Plan's net assets are separately identified.

#### Fair Value of Investments

| December 31                                                       | 2014         | 2013         |
|-------------------------------------------------------------------|--------------|--------------|
| Investments at fair value as determined by<br>quoted market price |              |              |
| Mutual funds                                                      |              |              |
| Vanguard Growth Index Fund Signal Shares                          | \$ -         | \$ 1,174,470 |
| Vanguard Growth Index Fund Admiral Shares                         | 1,234,448    | -            |
| American Funds Europacific Growth Fund Class R6                   | 977,880      | 907,324      |
| Vanguard Value Index Fund Signal Shares                           | -            | 746,536      |
| Vanguard Value Index Fund Admiral Shares                          | 878,597      | -            |
| Vanguard 500 Index Fund Investor                                  | 762,389      | 324,701      |
| iShares Morningstar Mid Growth Index Fund                         | 734,816      | 616,194      |
| iShares S&P Mid Cap 400 Value Index Fund                          | 632,408      | 593,370      |
| JP Morgan Core Bond Fund Class R6                                 | 468,924      | 416,791      |
| Pimco Total Return Fund Institutional Class                       | 477,538      | 485,882      |
| All others                                                        | 1,969,565    | 1,766,076    |
| Total mutual funds                                                | 8,136,565    | 7,031,344    |
| Common collective funds                                           |              |              |
| Met Life Stable Value Fund                                        | 366,967      | 717,436      |
| Totals                                                            | \$ 8,503,532 | \$ 7,748,780 |

## DAILYACCESS CORPORATION §401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### Note 4 - Investments (continued)

During 2014, the Plan's investments, including investments bought, sold, and held during the year, appreciated (depreciated) in value by \$547,023 as follows:

#### Net Change in Fair Value

#### Mutual funds:

|                                                              |                |
|--------------------------------------------------------------|----------------|
| Aberdeen Global High Income Fund                             | \$ 4,846       |
| Alliance Bernstein Global Bond Fund I                        | 2,839          |
| American Funds Capital World Grth & Inc. Fund Class R6       | 6,566          |
| American Funds Europacific Growth Fund Class R6              | (21,876)       |
| American Funds Fundamental Investors Fund Class R6           | 20,444         |
| Goldman Sachs Small Cap Value Fund Institutional Class       | 24,294         |
| iShares MSCI Emerging Markets Index Fund                     | (8,456)        |
| iShares S & P Mid Cap 400 Value Index Fund                   | 69,821         |
| iShares Morningstar Mid Growth Index Fund                    | 61,543         |
| JP Morgan Core Bond Fund                                     | 22,751         |
| Pimco Total Return Fund                                      | 22,460         |
| Vanguard 500 Index Fund Investor                             | 49,736         |
| Vanguard Balanced Index Fund Admiral Shares                  | 9,243          |
| Vanguard Balanced Index Fund Signal Shares                   | 12,513         |
| Vanguard Growth Index Fund Admiral Shares                    | 53,398         |
| Vanguard Growth Index Fund Signal Shares                     | 80,312         |
| Vanguard REIT Index Fund Admiral Shares                      | 9,398          |
| Vanguard Short-Term Government Bond Index Fund Signal Shares | 131            |
| Vanguard Small Capitalization Growth Index Fund              | 12,294         |
| Vanguard Value Index Fund Admiral Shares                     | 40,714         |
| Vanguard Value Index Fund Signal Shares                      | 61,327         |
| <b>Total</b>                                                 | <b>534,298</b> |

#### Common collective funds:

|                            |                   |
|----------------------------|-------------------|
| Met Life Stable Value Fund | 12,725            |
| <b>Total</b>               | <b>\$ 547,023</b> |

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## DAILYACCESS CORPORATION §401(k) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements (continued)  
December 31, 2014

### **Note 5 - Tax status**

The Internal Revenue Service issued a determination letter dated March 31, 2008 stating that the prototype plan that was adopted by the Plan was designed in accordance with applicable IRC requirements as of that date. The plan administrator has not applied for a separate determination letter on the Plan; however, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement dates.

### **Note 6 - Plan termination**

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

### **Note 7 - Amounts allocated to withdrawn participants**

Net assets available for benefits at December 31, 2014 include \$234,507 allocated to the accounts of participants who as of and prior to that date had withdrawn from participating in the operations of the plan.

### **Note 8 - Information certified by the Plan's trustees**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified that the following data included in the accompanying financial statements and schedule are complete and accurate:

- Investments, as shown in Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Investment activity, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- The Schedule of Assets Held for Investment Purposes as of December 31, 2014, as shown on the supplemental schedule.
- The Schedule of Reportable Transactions as of December 31, 2014, as shown on the supplemental schedule.

**DAILYACCESS CORPORATION §401(K) PROFIT SHARING  
PLAN AND TRUST**

Notes to Financial Statements (continued)  
December 31, 2014

**Note 8 - Information certified by the Plan's trustee (continued)**

The Plan's independent auditor did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedule.

**Note 9 - Additional disclosure**

The plan contains none of the following:

1. Loans or Fixed Income Obligations in Default or Classified as Uncollectible.
2. Leases in Default or Classified as Uncollectible.
3. Nonexempt Transactions.
4. Delinquent Participant Contributions

**DAILYACCESS CORPORATION §401(k) PROFIT SHARING  
PLAN AND TRUST**

EIN No.: 63-1156117  
Form 5500, IRS Schedule H  
December 31, 2014

Schedule H, line 4i: Schedule of Assets Held for Investment Purposes at End of Year

| (a) | (b) Identity of issue              | (c ) Description of asset                           | (e) Current value |
|-----|------------------------------------|-----------------------------------------------------|-------------------|
|     | <b>Mutual funds:</b>               |                                                     |                   |
|     | Vanguard Funds                     | Growth Index Fund Admiral Shares                    | \$ 1,234,448      |
|     | American Funds                     | Europacific Growth Fund Class R6                    | 977,880           |
|     | Vanguard Funds                     | Value Index Fund Admiral Shares                     | 878,597           |
|     | Pimco Funds                        | Total Return Fund Institutional Class               | 477,538           |
|     | iShares Funds                      | Morningstar Mid Growth Index Fund                   | 734,816           |
|     | iShares Funds                      | S&P Mid Cap 400 Value Index Fund                    | 632,408           |
|     | JP Morgan                          | Core Bond Fund Class R6                             | 468,924           |
|     | Goldman Sachs Funds                | Small Cap Value Fund Institutional                  | 364,241           |
|     | iShares Funds                      | MSCI Emerging Markets Index Fund                    | 245,967           |
|     | Vanguard Funds                     | Small Capitalization Growth Index Fund              | 400,734           |
|     | Aberdeen Global Funds              | High Income Fund                                    | 85,309            |
|     | American Funds                     | Fundamental Investors Fund Class R6                 | 243,228           |
|     | Vanguard Funds                     | 500 Index Fund Investor                             | 762,389           |
|     | American Funds                     | Capital World Growth & Income Fund Class R6         | 166,054           |
|     | Alliance Bernstein                 | Global Bond Fund I                                  | 70,076            |
|     | Vanguard Funds                     | REIT Index Fund Admiral Shares                      | 91,018            |
|     | Vanguard Funds                     | Balanced Index Fund Admiral Shares                  | 285,551           |
|     | Vanguard Funds                     | Short-Term Government Bond Index Fund Signal Shares | 17,387            |
|     | Total mutual funds                 |                                                     | 8,136,565         |
|     | <b>Common collective funds:</b>    |                                                     |                   |
|     | Met Life                           | Stable Value Fund                                   | 366,967           |
|     | Total investments held at year end |                                                     | \$ 8,503,532      |
|     | <b>Participant loans</b>           | Interest rate is 4.25%                              | \$ 188,863        |

**DAILYACCESS CORPORATION §401(k) PROFIT SHARING  
PLAN AND TRUST**

EIN No.: 63-1156117

Form 5500, IRS Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2014

| (a)<br>Identity of<br>Party Involved | (b)<br>Description<br>of Assets       | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------|---------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| American Funds                       | EuroPacific Growth Fund Class R6      | \$ 242,096               | \$ -                    | \$ 242,096              | \$ 242,096                                                 | \$ -                         |
| American Funds                       | EuroPacific Growth Fund Class R6      | -                        | 150,375                 | 148,756                 | 150,375                                                    | 1,619                        |
| JP Morgan                            | Core Bond Fund Class R6               | 219,945                  | -                       | 219,945                 | 219,945                                                    | -                            |
| JP Morgan                            | Core Bond Fund Class R6               | -                        | 200,962                 | 198,613                 | 200,962                                                    | 2,349                        |
| Pimco                                | Total Return Fund Institutional Class | 253,957                  | -                       | 253,957                 | 253,957                                                    | -                            |
| Pimco                                | Total Return Fund Institutional Class | -                        | 292,346                 | 288,565                 | 292,346                                                    | 3,781                        |
| Met Life                             | Stable Value Fund                     | 656,494                  | -                       | 656,494                 | 656,494                                                    | -                            |
| Met Life                             | Stable Value Fund                     | -                        | 603,568                 | 599,917                 | 603,568                                                    | 3,651                        |
| Vanguard                             | 500 Index Fund Investor               | 261,737                  | -                       | 261,737                 | 261,737                                                    | -                            |
| Vanguard                             | 500 Index Fund Investor               | -                        | 272,250                 | 271,469                 | 272,250                                                    | 781                          |
| Vanguard                             | Value Index Fund Signal Shares        | 189,818                  | -                       | 189,818                 | 189,818                                                    | -                            |
| Vanguard                             | Value Index Fund Signal Shares        | -                        | 274,232                 | 266,354                 | 274,232                                                    | 7,878                        |

**DAILYACCESS CORPORATION §401(k) PROFIT SHARING  
PLAN AND TRUST**

EIN No.: 63-1156117  
Form 5500, IRS Schedule H  
December 31, 2014

Schedule H, line 4i: Schedule of Assets Held for Investment Purposes at End of Year

| (a) | (b) Identity of issue              | (c ) Description of asset                           | (e) Current value |
|-----|------------------------------------|-----------------------------------------------------|-------------------|
|     | <b>Mutual funds:</b>               |                                                     |                   |
|     | Vanguard Funds                     | Growth Index Fund Admiral Shares                    | \$ 1,234,448      |
|     | American Funds                     | Europacific Growth Fund Class R6                    | 977,880           |
|     | Vanguard Funds                     | Value Index Fund Admiral Shares                     | 878,597           |
|     | Pimco Funds                        | Total Return Fund Institutional Class               | 477,538           |
|     | iShares Funds                      | Morningstar Mid Growth Index Fund                   | 734,816           |
|     | iShares Funds                      | S&P Mid Cap 400 Value Index Fund                    | 632,408           |
|     | JP Morgan                          | Core Bond Fund Class R6                             | 468,924           |
|     | Goldman Sachs Funds                | Small Cap Value Fund Institutional                  | 364,241           |
|     | iShares Funds                      | MSCI Emerging Markets Index Fund                    | 245,967           |
|     | Vanguard Funds                     | Small Capitalization Growth Index Fund              | 400,734           |
|     | Aberdeen Global Funds              | High Income Fund                                    | 85,309            |
|     | American Funds                     | Fundamental Investors Fund Class R6                 | 243,228           |
|     | Vanguard Funds                     | 500 Index Fund Investor                             | 762,389           |
|     | American Funds                     | Capital World Growth & Income Fund Class R6         | 166,054           |
|     | Alliance Bernstein                 | Global Bond Fund I                                  | 70,076            |
|     | Vanguard Funds                     | REIT Index Fund Admiral Shares                      | 91,018            |
|     | Vanguard Funds                     | Balanced Index Fund Admiral Shares                  | 285,551           |
|     | Vanguard Funds                     | Short-Term Government Bond Index Fund Signal Shares | 17,387            |
|     | Total mutual funds                 |                                                     | 8,136,565         |
|     | <b>Common collective funds:</b>    |                                                     |                   |
|     | Met Life                           | Stable Value Fund                                   | 366,967           |
|     | Total investments held at year end |                                                     | \$ 8,503,532      |
|     | <b>Participant loans</b>           | Interest rate is 4.25%                              | \$ 188,863        |

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

Pension Benefit Guaranty Corporation

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>DAILYACCESS CORPORATION 401(K) PROFIT SHARING PLAN</b>                                                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ► <b>001</b>                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                   | <b>1c</b> Effective date of plan<br><b>10/01/1997</b>                                                                                                                                                          |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><b>DAILYACCESS CORPORATION</b><br><br><b>307 N. UNIVERSITY BLVD.<br/>BUILDING 3, SUITE 1500<br/>MOBILE AL 36688</b><br><br><b>307 N. UNIVERSITY BLVD.<br/>BUILDING 3, SUITE 1500<br/>MOBILE AL 36688</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>63-1156117</b><br><br><b>2c</b> Plan Sponsor's telephone number<br><b>251-665-1800</b><br><br><b>2d</b> Business code (see instructions)<br><b>541990</b> |

**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> <i>Mike Sullivan</i>                                                                                                                                                                                         | <i>10/15/15</i> | <i>Mike Sullivan</i>                                                |
| 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)<br><br><b>CAROLYN MCKEAN<br/>RUSSELL THOMPSON BUTLER &amp; HOUSTON, LLP<br/>P.O. BOX 70106<br/>MOBILE AL 36670</b> |                 | Preparer's telephone number (optional)<br><br><b>(251) 473-5550</b> |

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

Form 5500 (2014)  
v. 140124

|                                                                                                          |                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN              |
|                                                                                                          | <b>3c</b> Administrator's telephone number |
|                                                                                                          |                                            |

|                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<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>     | 185 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). |              |     |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....                                                                 | <b>6a(1)</b> |     |
| <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>    | 13  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                       | <b>6c</b>    | 42  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                     | <b>6d</b>    | 186 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                               | <b>6e</b>    |     |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                | <b>6f</b>    | 186 |
| <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>    | 170 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....              | <b>6h</b>    | 21  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                     | <b>7</b>     |     |

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

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

**DAILYACCESS CORPORATION §401(k) PROFIT SHARING  
PLAN AND TRUST**

EIN No.: 63-1156117

Form 5500, IRS Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2014

| (a)<br>Identity of<br>Party Involved | (b)<br>Description<br>of Assets       | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------|---------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| American Funds                       | EuroPacific Growth Fund Class R6      | \$ 242,096               | \$ -                    | \$ 242,096              | \$ 242,096                                                 | \$ -                         |
| American Funds                       | EuroPacific Growth Fund Class R6      | -                        | 150,375                 | 148,756                 | 150,375                                                    | 1,619                        |
| JP Morgan                            | Core Bond Fund Class R6               | 219,945                  | -                       | 219,945                 | 219,945                                                    | -                            |
| JP Morgan                            | Core Bond Fund Class R6               | -                        | 200,962                 | 198,613                 | 200,962                                                    | 2,349                        |
| Pimco                                | Total Return Fund Institutional Class | 253,957                  | -                       | 253,957                 | 253,957                                                    | -                            |
| Pimco                                | Total Return Fund Institutional Class | -                        | 292,346                 | 288,565                 | 292,346                                                    | 3,781                        |
| Met Life                             | Stable Value Fund                     | 656,494                  | -                       | 656,494                 | 656,494                                                    | -                            |
| Met Life                             | Stable Value Fund                     | -                        | 603,568                 | 599,917                 | 603,568                                                    | 3,651                        |
| Vanguard                             | 500 Index Fund Investor               | 261,737                  | -                       | 261,737                 | 261,737                                                    | -                            |
| Vanguard                             | 500 Index Fund Investor               | -                        | 272,250                 | 271,469                 | 272,250                                                    | 781                          |
| Vanguard                             | Value Index Fund Signal Shares        | 189,818                  | -                       | 189,818                 | 189,818                                                    | -                            |
| Vanguard                             | Value Index Fund Signal Shares        | -                        | 274,232                 | 266,354                 | 274,232                                                    | 7,878                        |