

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ACCESS POINT, L.L.C. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ACCESS POINT, L.L.C.</u> <u>42400 GRAND RIVER AVENUE SUITE 200</u> <u>NOVI, MI 48375</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3565270</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>866-513-3861</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3565270</u>	2c Plan Sponsor's telephone number <u>866-513-3861</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>38-3565270</u>					
2c Plan Sponsor's telephone number <u>866-513-3861</u>					
2d Business code (see instructions) <u>541600</u>					

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	3476
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	3090
a(2) Total number of active participants at the end of the plan year		6a(2)	3109
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	447
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3556
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3556
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1466
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	53
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☐	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		C (Service Provider Information)	
		(5)	☐
		D (DFE/Participating Plan Information)	
		(6)	☐
		G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ACCESS POINT, L.L.C. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS POINT, L.L.C.	D Employer Identification Number (EIN) 38-3565270	

Part I	Service Provider Information (see instructions)
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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
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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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	257962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	PORTFOLIO MGMT	46868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCESS POINT, L.L.C.

38-3565270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	61129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ACCESS POINT, L.L.C. 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS POINT, L.L.C.</u>		D Employer Identification Number (EIN) <u>38-3565270</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	90441	73408
	(2) Participant contributions.....	1b(2)	117171	165157
	(3) Other.....	1b(3)	14404	13439
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	835828	827907
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	35195771	42246311
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	36253615	43326222

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36253615	43326222
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1159970	
(B) Participants	2a(1)(B)	3400695	
(C) Others (including rollovers)	2a(1)(C)	482710	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5043375
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	34739	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34739
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	854957	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		854957
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		1776557
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7709628

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3722428	
(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)		3722428
f Corrective distributions (see instructions).....	2f		58221
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	319090	
(3) Investment advisory and management fees.....	2i(3)	46868	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		365958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4146607

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3563021
l Transfers of assets:			
(1) To this plan.....	2l(1)		5140969
(2) From this plan.....	2l(2)		1631383

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: PLANTE MORAN

(2) EIN: 38-1357951

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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)
SHADOW WOOD COUNTRY CLUB, INC. 401(K) PLAN	11-3774878	001
AEGIS GROUP SEARCH CONSULTANTS, LLC	36-4530234	001
CLIVE DANIEL HOME HOLDINGS LLC	45-3192105	001
AXIOS INCORPORATED MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	38-3043089	002

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ACCESS POINT, L.L.C. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS POINT, L.L.C.		D Employer Identification Number (EIN) 38-3565270

Part I

Distributions

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

1

Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1

2

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

EIN(s): 65-0708495

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)?.....

☐ Yes ☐ No ☐ N/A

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

5

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

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

6

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

6a

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

6b

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

6c

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

7

Will the minimum funding amount reported on line 6c be met by the funding deadline?.....

☐ Yes ☐ No ☐ N/A

8

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....

☐ Yes ☐ No ☐ N/A

Part III

Amendments

9

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

☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV

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

10

Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?

☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?

☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....

☐ Yes ☐ No

12

Does the ESOP hold any stock that is not readily tradable on an established securities market?.....

☐ Yes ☐ No

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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% 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): _____

Access Point, LLC 401(k) Plan

**Financial Report
December 31, 2014**

Access Point, LLC 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Access Point, LLC 401(k) Plan

We have audited the accompanying financial statements of Access Point, LLC 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Plan Administrator
Access Point, LLC 401(k) Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2014 and 2013 and the changes in net assets for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year as of December 31, 2014 is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Auburn Hills, Michigan
October 13, 2015

Access Point, LLC 401(k) Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Participant-directed investments:		
Money market fund	\$ 4,078,641	\$ 3,424,765
Mutual funds	37,567,347	31,296,899
Self-directed brokerage account	600,323	474,107
Total participant-directed investments	42,246,311	35,195,771
Contributions receivable:		
Employee	178,596	131,575
Employer	73,409	90,441
Total contributions receivable	252,005	222,016
Participant notes receivable	827,907	835,828
Total assets	43,326,223	36,253,615
Liabilities - Amounts to be refunded to participants (Note 8)	90,960	60,932
Net Assets Available for Benefits	\$ 43,235,263	\$ 36,192,683

Access Point, LLC 401(k) Plan

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

Additions to Net Assets

Contributions:	
Employee	\$ 3,400,695
Employer	1,159,970
Rollovers	482,710
Total contributions	5,043,375
Investment income:	
Interest and dividends	854,957
Net realized and unrealized gains on investments primarily on mutual funds	1,776,557
Total investment income	2,631,514
Interest from participant notes receivable	34,739
Total additions	7,709,628

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	3,810,677
Administrative expenses	365,957
Total deductions	4,176,634

Net Increase Before Other Changes

3,532,994

Transfers - Net (Note I)

3,509,586

Net Increase

7,042,580

Net Assets Available for Benefits

Beginning of year	36,192,683
End of year	<u>\$ 43,235,263</u>

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

The following summary of Access Point, LLC 401(k) Plan (the "Plan") is provided for general information purposes only. The Plan is a multiple-employer plan sponsored by Access Point, LLC and 113 companies (collectively, the "Company") as of December 31, 2014 and includes participating employers who have completed adoption agreements (the "Participating Employers"). In connection with the Participating Employers adopting the Plan, the Participating Employers may transfer assets from a plan previously sponsored by them to this Plan. Total transfers in amounted to \$5,140,969 and total transfers out amounted to \$1,631,383 for the year ended December 31, 2014. Participants should refer to the plan agreement for more complete information.

General - The Plan is a defined contribution plan covering all full-time employees of the Company. Eligibility is determined by each Participating Employer within their respective adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participants may make contributions through pretax deferrals and after-tax Roth contributions. The amount of the elective deferral is based on a certain percentage of the participant's compensation, as defined in each Participating Employers' adoption agreement. Employer contributions are solely at the discretion of the Participating Employers or their boards of directors. Such contributions, if any, shall be allocated to each participant's account of the respective company based on certain limitations defined in the Participating Employers' adoption agreement.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of the Participating Employers' contributions, plan earnings, and if elected by the Participating Employer, forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Participant Notes Receivable - Participants may borrow from their account subject to certain maximum and minimum amounts as prescribed in the Plan and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Payment of Benefits - Distributions are payable upon retirement, death, disability, early retirement, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. The plan agreement should be consulted for the details of these benefit provisions.

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description (Continued)

In-service Withdrawals - Participants may request that all or a portion of their vested account balance be distributed in a lump-sum payment, as defined in the plan document. To be eligible for an in-service withdrawal, the participant must have attained the age of 59 ½ and be fully vested.

Hardship Withdrawals - Participants may request that all or a portion of their accounts be distributed in the case of severe financial hardship, as defined in the plan agreement. The Company must approve any such hardship withdrawals.

Forfeitures - If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures can be used to reduce future employer contributions or pay plan expenses.

Transfers from/to Other Plans - During 2014, the plan sponsor accepted 28 Participating Employers into the Plan. The total assets and participants from these Participating Employers were transferred into the Plan from other qualified plans. During 2014, the plan sponsor also terminated its relationship with four Participating Employers. The total assets and participants from the former Participating Employers were transferred out of the Plan to another qualified plan.

Vesting - Participants are immediately 100 percent vested in employee and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Employer contributions vest based on the election of each Participating Employer within their respective adoption agreement.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by the investment custodians; accordingly, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines. The investment custodians are identified in Note 5. The Company also paid certain plan expenses on behalf of the Plan, which also qualify as party-in-interest transactions.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value.

The Plan allows participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities. Investments in mutual funds, publicly traded securities, and a money market fund are valued based on quoted market prices. See Note 7 for additional information.

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments - Benefits are recorded when paid.

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 and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 13, 2015, which is the date the financial statements were available to be issued.

Note 3 - Investments

Significant investments at December 31 are as follows:

	2014	2013
Mutual funds:		
Vanguard Short Term Federal Admiral	\$ 5,631,308	\$ 3,456,949
Vanguard Total Stock Market Index Signal	-	6,373,958
MFS Utilities R5	329,353	3,981,820
Vanguard Total Stock Market Index Admiral	12,611,421	-
Money market fund - Vanguard Money Market Prime	4,078,641	3,424,765

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 4 - Tax Status

The Plan, as adopted, is a volume submitter plan of Slavic 401K.com Inc. d/b/a Planright, which does not require a separate application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS dated April 17, 2008. The Plan has been amended since receiving the notification letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan has not individually sought its own determination letter.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Note 5 - Investment Custodians

The Plan is an open architecture platform which allows several custodians for the Plan. The following table details the asset custodians for the Plan as of December 31, 2014 and 2013:

Fidelity Investments
MFS Investments
Neuberger Berman
Federated Investors, Inc.
T. Rowe Price
American Funds
Nationwide Financial
Wells Fargo
Vanguard
Ivy Funds, Inc.
BlackRock
JPMorgan
Principal Funds
Prudential Investments
DFA Investment Dimensions Group, Inc.

Note 6 - Termination of Plan

While 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 provisions of ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances. The assets shall be allocated in the manner as defined in the plan agreement.

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1
Mutual funds:	
Equity investments	\$ 27,709,028
Fixed-income investments	7,265,937
Retirement year-based investments	2,592,382
Money market fund - Short-term investments	4,078,641
Self-directed brokerage account:	
Equity investments	536,062
Fixed-income investments	25,139
Short-term investment	36,626
Balanced investments	2,496
Total	<u>\$ 42,246,311</u>

Access Point, LLC 401(k) Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 7 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level I
Mutual funds:	
Equity investments	\$ 24,050,526
Fixed-income investments	5,804,929
Retirement-year based investments	1,383,087
Balanced investments	58,357
Money market fund - Short-term investments	3,424,765
Self-directed brokerage account:	
Equity investments	415,475
Fixed-income investments	25,594
Short-term investment	33,038
Total	<u>\$ 35,195,771</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of funds of the fair value hierarchy in 2014.

Note 8 - Reconciliation to Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	\$ 43,235,263	\$ 36,192,683
Amounts to be refunded to participants	90,960	60,932
Net assets available for benefits per Form 5500	<u>\$ 43,326,223</u>	<u>\$ 36,253,615</u>

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

Change in net assets before other changes per financial statements	\$ 3,532,994
Change in amounts to be refunded to participants	<u>30,028</u>
Change in net assets before other changes per Form 5500	<u>\$ 3,563,022</u>

Amounts to be refunded to participants of \$90,960 and \$60,932 as of December 31, 2014 and 2013, respectively, represent contributions made to the Plan during 2014 and 2013 that were in excess of limits established by the IRC. These amounts were refunded to the affected participants in 2014 and 2015.

Access Point, LLC 401(k) Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-3565270, Plan No. 001 December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
T. Rowe Price	T. Rowe Price Equity Inc.	*	\$ 795,904
T. Rowe Price	T. Rowe International Equity Index Fund	*	453,497
MFS Investments	MFS Utilities R5	*	329,353
Nationwide	NYSE ARCA Tech 100 Index A	*	231,653
T. Rowe Price	T. Rowe Price Emerging Markets Stock	*	332,605
Vanguard	Vanguard Inflation Protected Securities	*	415,172
Vanguard	Vanguard Short Term Federal Admiral	*	5,631,308
Ivy Funds, Inc.	Ivy Science & Technology A	*	443,976
Federated Investors Inc.	Federated Prime Obligation Fund	*	15,657
BlackRock	BlackRock Health Sciences	*	941,280
American Funds	American Funds EuroPacific R6	*	1,877,888
JPMorgan	JPMorgan Discipline Equity	*	658,968
Principal Funds	Principal Large Cap Growth	*	923,487
Prudential	Jennison Natural Resources	*	330,742
Diversified Emerging Markets	DFA Emerging Markets Core Equity	*	548,829
American Funds	American Funds Capital World G & I R6	*	1,008,067
Vanguard	Vanguard Retirement 2055	*	20,131
Vanguard	Vanguard Target Retirement 2050	*	72,468
Vanguard	Vanguard Target 2040	*	102,881
Vanguard	Vanguard Energy Admiral	*	76,215
Vanguard	Vanguard Target Retirement 2010	*	370,692
Vanguard	Vanguard Target 2030	*	145,474
Vanguard	Vanguard Retirement Income	*	33,983
Vanguard	Vanguard Target Retirement 2045	*	35,046
Vanguard	Vanguard Target Retirement 2035	*	492,741
Vanguard	Vanguard Target Retirement 2060	*	5,529
Vanguard	Vanguard Target Retirement 2025	*	632,618
Vanguard	Vanguard Target 2020	*	500,263
Vanguard	Vanguard Retirement 2015	*	180,556
Vanguard	Vanguard Small Cap Value Index	*	182,544
Vanguard	Vanguard Mid Cap Growth	*	217,370
Vanguard	Vanguard Mid Cap Value Index Inv	*	252,978
Wells Fargo	Wells Fargo Precious Metals	*	33,164
Fidelity Investments	Fidelity Spartan 500 Index Adv	*	1,162,257
Principal Funds	Principal Investors High Yield II	*	140,967
Vanguard	Vanguard Intermediate-Term Bond Index Ad	*	501,190
Vanguard	Vanguard Short-Term Bond Index Admiral	*	180,536
Vanguard	Vanguard Total Bond Market Index Admiral	*	522,074
Vanguard	Vanguard FTSE Social Index	*	71,155
Vanguard	Vanguard REIT Index Admiral	*	630,869
Vanguard	Vanguard Mid Cap Index Admiral	*	1,028,584
Vanguard	Vanguard Industrial Index Admiral	*	1,021,881
Vanguard	Vanguard Small Cap Growth Index Adm	*	693,109
Vanguard	Vanguard Small Cap Index Admiral	*	710,265
Vanguard	Vanguard Total Stock Market Index Admiral	*	12,611,421
Fidelity Investments	Self-Directed Brokerage Account Investments	*	600,323
	Money market fund -		
Vanguard	Vanguard Money Market Prime	*	4,078,641
Participants	Participant notes receivable - Bearing interest rates ranging from 4.25 to 9.58 percent	-	827,907
	Total		<u>\$ 43,074,218</u>

* Cost information not required

Multiple-Employer Plan Participating Employer Information

ACCESS POINT, L.L.C. 401(k) PLAN

PLAN # 001

EIN #: 38-3565270

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
100826	46-3079999	2.28%
100700	46-3079999	0.01%
100872	46-3079999	0.07%
100869	46-3079999	0.06%
100874	46-3079999	0.36%
100838	46-3079999	0.00%
100870	46-3079999	0.14%
100875	46-3079999	0.80%
100868	46-3079999	0.01%
100867	46-3079999	0.54%
000002	46-4638999	0.01%
000001	46-4696999	0.08%
000000	38-3522999	4.44%
000176	38-2692999	0.06%
100807	38-1790999	0.06%
100326	26-3938999	0.91%
100746	38-3507999	0.77%
100108	38-3615999	0.93%
000250	38-3183999	0.35%
100513	27-2056999	5.99%
000022	38-2025999	0.69%
100738	38-3209999	0.05%
000304	37-3566999	0.15%
100505	38-3253999	0.35%
100676	59-2497999	5.97%
100677	27-0155999	3.15%
100695	46-1910999	0.10%
100740	38-2701999	0.01%
100678	45-3192999	0.04%
100612	45-5091999	0.22%
100367	38-2034999	0.69%
100660	46-1467999	6.66%
000361	38-3490999	0.04%
100116	20-4410999	1.27%
100059	38-3143999	0.03%
100580	38-3603999	1.77%
100790	46-3358999	0.04%
100026	38-3272999	0.06%
100741	38-3345999	0.05%
100254	26-1133999	0.37%
100033	38-6105999	1.29%
100090	38-2951999	1.45%
100829	46-2170999	0.21%
100709	20-5182999	0.83%
100622	61-1613999	0.90%
100615	38-3518999	2.51%
100475	20-8419999	0.56%
100007	38-2880999	0.37%
100801	45-1351999	0.09%
100129	38-2672999	1.00%
100732	46-1078999	2.52%
100253	20-0566999	1.07%
100839	20-2127999	0.02%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
100342	38-2479999	0.02%
100691	20-4894999	2.21%
000015	38-2804999	1.04%
100643	65-0993999	0.68%
100815	38-3391999	0.46%
100721	20-2704999	1.18%
000233	38-3576999	0.87%
100412	20-0631999	1.01%
000288	38-3051999	0.48%
000129	38-2605999	1.15%
100775	20-2023999	0.02%
100058	30-0033999	0.31%
000297	38-3717999	0.02%
100307	38-1798999	3.68%
100122	38-2585999	0.08%
000231	38-3098999	17.26%
100683	65-0811999	2.02%
100675	11-3774999	0.10%
100651	65-0994999	1.32%
100776	38-2915999	0.02%
100034	38-3531999	0.09%
100687	65-0353999	2.64%
100742	38-3033999	0.00%
100813	38-3329999	0.12%
000330	68-0552999	1.67%
100689	27-0396999	1.37%
100652	45-5595999	0.04%
100371	27-4546999	0.02%
100266	30-0157999	0.42%
000017	38-3292999	0.16%
100189	38-3452999	0.09%
100436	38-3076999	1.10%
100694	02-0657999	0.08%
100353	38-3675999	0.11%
100884	46-3566999	0.26%
100617	38-3578999	0.10%
100365	38-2469999	0.05%
100277	26-1492999	5.38%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ACCESS POINT, L.L.C. 401(k) PLAN

PLAN # 001

EIN #: 38-3565270

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacifc R6		1,877,888
	American Funds	RWIGX - American Funds Capital World G & I R6		1,008,067
	BlackRock	SHISX - BlackRock Health Sciences Svc		941,280
	DFA	DFCEX - DFA Emerging Markets Core Equity		548,829
	Federated	POIXX - Federated Prime Obligation Fund		15,657
	Fidelity	FISDB - Fidelity SDB		600,323
	Fidelity	FUSVX - Fidelity Spartan 500 Index Adv		1,162,257
	Ivy	WSTAX - Ivy Science & Technology A		443,976
	Jennison	PNRZX - Jennison Natural Resources		330,742
	JPMorgan	JPIEX - JPMorgan Discipline Equity		658,968
	MFS	MMUJX - MFS Utilities R5		329,353
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		231,653
	Principal	PHYTX - Principal Investors High Yield II		140,967
	Principal	PLGIX - Principal Large Cap Growth		923,487
	T Rowe Price	PIEQX - T. Rowe Price Int'l Equity Index		453,497
	T Rowe Price	PRFDX - T. Rowe Price Equity-Income		795,904
	T Rowe Price	PRMSX - T. Rowe Price Emerging Markets Stock		332,605
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		415,172
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		501,190
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		180,536
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		522,074
	Vanguard	VFFVX - Vanguard Target Retirement 2055		20,131
	Vanguard	VFIFX - Vanguard Target Retirement 2050		72,468
	Vanguard	VFORX - Vanguard Target Retirement 2040		102,881
	Vanguard	VFTSX - Vanguard FTSE Social Index		71,155
	Vanguard	VGELX - Vanguard Energy Admiral		76,215
	Vanguard	VGSLX - Vanguard REIT Index Admiral		630,869
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,028,584
	Vanguard	VINAX - Vanguard Industrial Index Admiral		1,021,880
	Vanguard	VISVX - Vanguard Small Cap Value Index		182,544
	Vanguard	VMGRX - Vanguard Mid Cap Growth		217,370
	Vanguard	VMMXX - Vanguard Money Market Prime		4,078,641
	Vanguard	VMVIX - Vanguard Mid Cap Value Index Inv		252,978
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		693,109
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		5,631,308
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		710,265
	Vanguard	VTENX - Vanguard Target Retirement 2010		370,692
	Vanguard	VTHRX - Vanguard Target Retirement 2030		145,474
	Vanguard	VTINX - Vanguard Target Retirement Income		33,983
	Vanguard	VTIVX - Vanguard Target Retirement 2045		35,046
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		12,611,421
	Vanguard	VTTHX - Vanguard Target Retirement 2035		492,741
	Vanguard	VTTX - Vanguard Target Retirement 2060		5,529
	Vanguard	VTTVX - Vanguard Target Retirement 2025		632,618
	Vanguard	VTWNX - Vanguard Target Retirement 2020		500,263
	Vanguard	VTXVX - Vanguard Target Retirement 2015		180,556
	Wells Fargo	EKWAX - Wells Fargo Precious Metals		33,164
	Loans	4.25% To 9.58%		827,907