Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCRIBE AMERICA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

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

20900 NE 30TH AVENUE
SUITE 703
AVENTURA, FL 33180

2b Employer Identification Number (EIN)
20-2190415

2c Plan Sponsor's telephone number
877-488-5479

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2015	SCARLETT MONTERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	2630
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)**	2630
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5416
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5430
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	5430
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	101
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

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).. . . . . [X] 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

SHAREBUILDER ADVISOR LLC
83 SOUTH KING STREET
SEATTLE, WA 98104

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

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

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

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

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

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

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

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

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

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

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

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)

ASCENSUS

11-3665754

(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?
99 15 50	NONE	180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAREBUILDER ADVISOR LLC

83 SOUTH KING STREET
SEATTLE, WA 98104

(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?
27 50	NONE	374	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 ☐

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

(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

(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

(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

(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

(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 01/01/2014 and ending 12/31/2014

A Name of plan
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		6397
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2916
(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)		
(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)		175167
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	184480
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	184480

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	181785	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		181785
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	2306	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2306
	(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)		2779
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		186870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1836	
(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)		1836
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	180	
(3) Investment advisory and management fees	2i(3)	374	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		554
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2390
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		184480
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) [X] 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 [X] No

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

(1) Name: LEVENSON, KATZIN & BALLOTTA, P.A. **(2)** EIN: 65-0680306

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

Part I Distributions

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

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

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

EIN(s): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCRIBE AMERICA 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

SCRIBE AMERICA 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2014

TABLE OF CONTENTS

FINANCIAL STATEMENTS

Independent Auditors' Report 1-2

Statement of Net Assets Available for Benefits as of December 31, 2014 3

Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014 4

Notes to Financial Statements 5-9

SUPPLEMENTAL SCHEDULE

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 10

LEVENSON, KATZIN & BALLOTTA, PA
CERTIFIED PUBLIC ACCOUNTANTS

7901 S.W. 6th Court, Suite 140
Plantation, Florida 33324
(954) 961-7940 Dade (305) 653-2550
Fax: Broward (954) 961-8144 Dade (305) 651-7379
www.lkbcpa.com

Michael R. Ballotta, CPA
Raymond A. Ballotta, CPA
Alfred J. Katzin, CPA
Maurice E. Levenson (Retired)

Justin T. Maier, CPA
Cristian N. Nieto, CPA
W. Jay Rechtman, CPA
Steven G. Rosen, CPA
Thomas Zimmerman, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Scribe America 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Scribe America 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014, the related statement of changes in net assets available for benefits for the year then ended, the related notes to the financial statements and the supplemental schedule of Schedule H, line 4i, as of December 31, 2014.

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 D, which was certified by Ascensus Trust Company ("Trustee"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Trustee as of and for the year ended December 31, 2014, that the information provided to the Plan administrator by Trustee is complete and accurate.

Disclaimer of Opinion

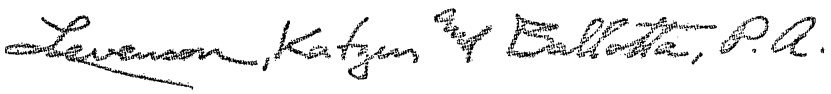
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter—Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



LEVENSON, KATZIN & BALLOTTA, P.A.
Certified Public Accountants
October 11, 2015

SCRIBE AMERICA 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014

ASSETS:		
Investments, at fair value (See Notes C and D):		
Mutual funds	$	178,083
Receivables:		
Employee's contributions receivable		6,397
TOTAL ASSETS		184,480
LIABILITIES:		
Corrective distributions payable		62,618
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$	121,862

See notes to financial statements.

SCRIBE AMERICA 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2014

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	2,779
Interest and dividends		2,306
Total investment income		5,085
Contributions:		
Participants		119,167
TOTAL ADDITIONS, NET		124,252
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants		1,836
Administrative expenses		554
TOTAL DEDUCTIONS		2,390
NET INCREASE		121,862
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		-
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$	121,862

See notes to financial statements.

NOTE A. DESCRIPTION OF THE PLAN

The following description of the Scribe America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution retirement plan sponsored by Scribe America, LLC ("Plan Sponsor"), covering all employees of Scribe America, LLC (collectively referred to as the "Company") who have completed one year of service with at least 1,000 hours worked and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions: Each year, participants may elect to defer a percentage of their compensation on a pre-tax basis or after-tax basis (Roth) to the Plan, subject to statutorily defined limits (For 2014, $17,500 in the aggregate). Participants may also make rollover contributions to the Plan from other qualified contribution plans. The Company may make matching contributions at its discretion. The Company did not make contributions for the year ended December 31, 2014. Employee contributions are funded as soon as reasonably possible and, generally, within 5 days of a payroll pay date.

3. Investment Options: Amounts contributed to the Plan are held in a trust created under the Plan. Upon enrollment in the Plan, a participant may direct their contributions into various investment options offered by the Plan.

4. Participant Accounts: Each participant's account is credited with his or her payroll reduction contribution, the Company's matching, profit-sharing and other contributions, if any, and investment earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting: Participants are always 100% fully vested in their contributions to the Plan. Participants are 100% vested in employer Qualified Matching and Qualified Nonelective contributions to the plan. Profit sharing and other matching contributions are subject to the following vesting schedule:

Years of Service	% Vested
Less than one	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A. DESCRIPTION OF THE PLAN—CONTINUED

6. Payment of Benefits: Benefits are payable to participants after they leave the Company for any reason (retirement, termination, disability or death). Upon termination of employment, participants can receive their vested benefits in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity or to another employer's tax qualified plan. If the value of a vested account balance (minus any rollover contribution account but including any outstanding loan balance) is $1,000 or less on the valuation date coincident with or immediately following the termination of employment, the Company can cash the entire vested account balance out of the Plan. Participants may also receive a distribution if they experience undue financial hardship as defined by the Internal Revenue Code ("IRC").

7. Administrative Expenses: During the year ended December 31, 2014, $554 of administrative and other professional fees were paid directly by the Plan.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

2. Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Significant estimates include the determination of fair value of certain investments of the Plan. Accordingly, actual results could differ from those estimates.

3. Investment Valuation and Income Recognition: Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment custodian.

   The fair value of an asset or liability is the price that would be received to sell an asset or transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company utilized a fair value hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. *Level 1* inputs are quoted prices in active markets for identical assets or liabilities. *Level 2* inputs are observable inputs other than quoted prices included in *Level 1* that are observable for the asset or liability, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or inputs derived from observable market data. *Level 3* inputs are unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—CONTINUED

As asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

4. Contributions receivable: Contributions receivable represent amounts due to participants as of December 31, 2014 funded in the subsequent January.

5. Payment of Benefits: Benefits are recorded when paid.

6. Risks and Uncertainties: The Plan provides for various investment options in any combination of the mutual funds offered. 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 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 statements of net assets available for benefits.

7. Subsequent Events: The Plan's Board of Trustees has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 11, 2015, the date the financial statements were available to be issued.

NOTE C. INVESTMENTS

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

Issuer		
iShares Russell 1000 Value ETF	$	42,051
Vanguard Total Bond Market ETF		29,076
iShares Russell 1000 Growth ETF		25,042
Vanguard FTSE Developed Markets ETF		23,146
iShares Russell 2000 ETF		14,763
Vanguard FTSE Emerging Markets ETF		6,756

All plan investments are participant directed

NOTE D. INFORMATION PREPARED AND CERTIFIED BY STATE STREET (UNAUDITED)

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, Ascensus Trust Company, the custodian and trustee of the Plan has certified all Plan investment data included in the accompanying financial statements and supplemental schedule is complete and accurate. Plan assets certified by the trustee as of December 31, 2014 were as follows:

Assets		
Investments at fair value		
Mutual funds:		
Fixed income bonds	$	39,331
Large U.S.equity		80,836
Small/Mid U.S. equity		22,170
International equity		29,902
Other		5,844
Total investments at fair value		178,083
Total assets certified	$	178,083

Investment and interest income certified by the trustee for the year ended December 31, 2014 was as follows:

Investment income:		
Net appreciation in fair value of investments	$	2,779
Interest and dividends		2,306
Total Investment income	$	5,085

NOTE E. FAIR VALUE MEASUREMENTS

The Plan's mutual funds are valued at the quoted NAV of shares held by the Plan at year-end.

The carrying amount of financial assets not measured at fair value on a recurring basis, including notes receivable from participants and employer contributions receivable, approximates their fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are 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.

NOTE E. FAIR VALUE MEASUREMENTS--CONTINUED

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds:				
Fixed income bonds	$ -	$ 39,331	$ -	$ 39,331
Large U.S.equity	-	80,836	-	80,836
Small/Mid U.S. equity	-	22,170	-	22,170
International equity	-	29,902	-	29,902
Other	-	5,844	-	5,844
Total assets at fair value	$ -	$ 178,083	$ -	$ 178,083

NOTE F. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed or sub-managed by Ascensus Trust Company ("Trustee"). The Trustee is the Plan's custodian, and therefore, these transactions qualify as party-in-interest transactions. In addition, certain administration services are provided to the Plan by the payroll service provider of the Sponsor. Fees paid by the Plan for services provided by the Trustee and the payroll service provider are also party-in-interest transactions.

NOTE G. TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirement of the IRC. The Plan has been restated and amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H. 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.

SUPPLEMENTAL SCHEDULE

SCRIBE AMERICA 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a)	(b) Identity of issuer, 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
	iShares Russell 1000 Value ETF	Registered Investment Company		$ 42,051
	Vanguard Total Bond Market ETF	Registered Investment Company		29,076
	iShares Russell 1000 Growth ETF	Registered Investment Company		25,042
	Vanguard FTSE Developed Markets ETF	Registered Investment Company		23,146
	iShares Russell 2000 ETF	Registered Investment Company		14,763
	Vanguard FTSE Emerging Markets ETF	Registered Investment Company		6,756
	iShares TIPS Bond ETF	Registered Investment Company		5,738
	SPDR Dow Jones Industrial Averages ETF	Registered Investment Company		5,528
	SPDR S&P 500 ETF	Registered Investment Company		5,306
	iShares Select Dividend ETF	Registered Investment Company		4,747
	RBB Money Market Fund	Registered Investment Company		2,916
	Power Shares QQQ Trust Series 1 ETF	Registered Investment Company		2,909
	Ishares 1-3 Year Treasury Bond ETF	Registered Investment Company		2,593
	Vanguard REIT ETF	Registered Investment Company		1,859
	Power Shares Emerging Markets Sovereign Debt ETF	Registered Investment Company		1,858
	iShares S&P Mid Cap 400 Index	Registered Investment Company		1,769
	Power Shares DB Commodity Index Track Trust ETF	Registered Investment Company		1,069
	iShares Gold Trust ETF	Registered Investment Company		891
	SPDR Barclays Capital International Treasury Bond ETF	Registered Investment Company		66
		Total Assets		$ 178,083

** Cost information omitted--participant directed

SCRIBE AMERICA 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

SCRIBE AMERICA 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2014

TABLE OF CONTENTS

FINANCIAL STATEMENTS

Independent Auditors' Report 1-2

Statement of Net Assets Available for Benefits as of December 31, 2014 3

Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014 4

Notes to Financial Statements 5-9

SUPPLEMENTAL SCHEDULE

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 10

LEVENSON, KATZIN & BALLOTTA, PA
CERTIFIED PUBLIC ACCOUNTANTS

7901 S.W. 6th Court, Suite 140
Plantation, Florida 33324
(954) 961-7940 Dade (305) 653-2550
Fax: Broward (954) 961-8144 Dade (305) 651-7379
www.lkbcpa.com

Michael R. Ballotta, CPA
Raymond A. Ballotta, CPA
Alfred J. Katzin, CPA
Maurice E. Levenson (Retired)

Justin T. Maier, CPA
Cristian N. Nieto, CPA
W. Jay Rechtman, CPA
Steven G. Rosen, CPA
Thomas Zimmerman, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Scribe America 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Scribe America 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014, the related statement of changes in net assets available for benefits for the year then ended, the related notes to the financial statements and the supplemental schedule of Schedule H, line 4i, as of December 31, 2014.

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 D, which was certified by Ascensus Trust Company ("Trustee"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Trustee as of and for the year ended December 31, 2014, that the information provided to the Plan administrator by Trustee is complete and accurate.

Disclaimer of Opinion

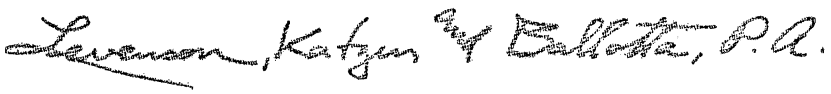
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter—Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



LEVENSON, KATZIN & BALLOTTA, P.A.
Certified Public Accountants
October 11, 2015

SCRIBE AMERICA 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014

ASSETS:		
Investments, at fair value (See Notes C and D):		
Mutual funds	$	178,083
Receivables:		
Employee's contributions receivable		6,397
TOTAL ASSETS		184,480
LIABILITIES:		
Corrective distributions payable		62,618
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$	121,862

See notes to financial statements.

SCRIBE AMERICA 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2014

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	2,779
Interest and dividends		2,306
Total investment income		5,085
Contributions:		
Participants		119,167
TOTAL ADDITIONS, NET		124,252
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants		1,836
Administrative expenses		554
TOTAL DEDUCTIONS		2,390
NET INCREASE		121,862
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		-
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$	121,862

See notes to financial statements.

NOTE A. DESCRIPTION OF THE PLAN

The following description of the Scribe America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution retirement plan sponsored by Scribe America, LLC ("Plan Sponsor"), covering all employees of Scribe America, LLC (collectively referred to as the "Company") who have completed one year of service with at least 1,000 hours worked and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions: Each year, participants may elect to defer a percentage of their compensation on a pre-tax basis or after-tax basis (Roth) to the Plan, subject to statutorily defined limits (For 2014, $17,500 in the aggregate). Participants may also make rollover contributions to the Plan from other qualified contribution plans. The Company may make matching contributions at its discretion. The Company did not make contributions for the year ended December 31, 2014. Employee contributions are funded as soon as reasonably possible and, generally, within 5 days of a payroll pay date.

3. Investment Options: Amounts contributed to the Plan are held in a trust created under the Plan. Upon enrollment in the Plan, a participant may direct their contributions into various investment options offered by the Plan.

4. Participant Accounts: Each participant's account is credited with his or her payroll reduction contribution, the Company's matching, profit-sharing and other contributions, if any, and investment earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting: Participants are always 100% fully vested in their contributions to the Plan. Participants are 100% vested in employer Qualified Matching and Qualified Nonelective contributions to the plan. Profit sharing and other matching contributions are subject to the following vesting schedule:

Years of Service	% Vested
Less than one	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A. DESCRIPTION OF THE PLAN—CONTINUED

6. Payment of Benefits: Benefits are payable to participants after they leave the Company for any reason (retirement, termination, disability or death). Upon termination of employment, participants can receive their vested benefits in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity or to another employer's tax qualified plan. If the value of a vested account balance (minus any rollover contribution account but including any outstanding loan balance) is $1,000 or less on the valuation date coincident with or immediately following the termination of employment, the Company can cash the entire vested account balance out of the Plan. Participants may also receive a distribution if they experience undue financial hardship as defined by the Internal Revenue Code ("IRC").

7. Administrative Expenses: During the year ended December 31, 2014, $554 of administrative and other professional fees were paid directly by the Plan.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

2. Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Significant estimates include the determination of fair value of certain investments of the Plan. Accordingly, actual results could differ from those estimates.

3. Investment Valuation and Income Recognition: Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment custodian.

   The fair value of an asset or liability is the price that would be received to sell an asset or transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company utilized a fair value hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. *Level 1* inputs are quoted prices in active markets for identical assets or liabilities. *Level 2* inputs are observable inputs other than quoted prices included in *Level 1* that are observable for the asset or liability, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or inputs derived from observable market data. *Level 3* inputs are unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—CONTINUED

As asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

4. Contributions receivable: Contributions receivable represent amounts due to participants as of December 31, 2014 funded in the subsequent January.

5. Payment of Benefits: Benefits are recorded when paid.

6. Risks and Uncertainties: The Plan provides for various investment options in any combination of the mutual funds offered. 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 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 statements of net assets available for benefits.

7. Subsequent Events: The Plan's Board of Trustees has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 11, 2015, the date the financial statements were available to be issued.

NOTE C. INVESTMENTS

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

Issuer		
iShares Russell 1000 Value ETF	$	42,051
Vanguard Total Bond Market ETF		29,076
iShares Russell 1000 Growth ETF		25,042
Vanguard FTSE Developed Markets ETF		23,146
iShares Russell 2000 ETF		14,763
Vanguard FTSE Emerging Markets ETF		6,756

All plan investments are participant directed

NOTE D. INFORMATION PREPARED AND CERTIFIED BY STATE STREET (UNAUDITED)

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, Ascensus Trust Company, the custodian and trustee of the Plan has certified all Plan investment data included in the accompanying financial statements and supplemental schedule is complete and accurate. Plan assets certified by the trustee as of December 31, 2014 were as follows:

Assets		
Investments at fair value		
Mutual funds:		
Fixed income bonds	$	39,331
Large U.S.equity		80,836
Small/Mid U.S. equity		22,170
International equity		29,902
Other		5,844
Total investments at fair value		178,083
Total assets certified	$	178,083

Investment and interest income certified by the trustee for the year ended December 31, 2014 was as follows:

Investment income:		
Net appreciation in fair value of investments	$	2,779
Interest and dividends		2,306
Total Investment income	$	5,085

NOTE E. FAIR VALUE MEASUREMENTS

The Plan's mutual funds are valued at the quoted NAV of shares held by the Plan at year-end.

The carrying amount of financial assets not measured at fair value on a recurring basis, including notes receivable from participants and employer contributions receivable, approximates their fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are 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.

NOTE E. FAIR VALUE MEASUREMENTS--CONTINUED

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds:				
Fixed income bonds	$ -	$ 39,331	$ -	$ 39,331
Large U.S.equity	-	80,836	-	80,836
Small/Mid U.S. equity	-	22,170	-	22,170
International equity	-	29,902	-	29,902
Other	-	5,844	-	5,844
Total assets at fair value	$ -	$ 178,083	$ -	$ 178,083

NOTE F. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed or sub-managed by Ascensus Trust Company ("Trustee"). The Trustee is the Plan's custodian, and therefore, these transactions qualify as party-in-interest transactions. In addition, certain administration services are provided to the Plan by the payroll service provider of the Sponsor. Fees paid by the Plan for services provided by the Trustee and the payroll service provider are also party-in-interest transactions.

NOTE G. TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirement of the IRC. The Plan has been restated and amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H. 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.

SUPPLEMENTAL SCHEDULE

SCRIBE AMERICA 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a)	(b) Identity of issuer, 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
	iShares Russell 1000 Value ETF	Registered Investment Company		$ 42,051
	Vanguard Total Bond Market ETF	Registered Investment Company		29,076
	iShares Russell 1000 Growth ETF	Registered Investment Company		25,042
	Vanguard FTSE Developed Markets ETF	Registered Investment Company		23,146
	iShares Russell 2000 ETF	Registered Investment Company		14,763
	Vanguard FTSE Emerging Markets ETF	Registered Investment Company		6,756
	iShares TIPS Bond ETF	Registered Investment Company		5,738
	SPDR Dow Jones Industrial Averages ETF	Registered Investment Company		5,528
	SPDR S&P 500 ETF	Registered Investment Company		5,306
	iShares Select Dividend ETF	Registered Investment Company		4,747
	RBB Money Market Fund	Registered Investment Company		2,916
	Power Shares QQQ Trust Series 1 ETF	Registered Investment Company		2,909
	Ishares 1-3 Year Treasury Bond ETF	Registered Investment Company		2,593
	Vanguard REIT ETF	Registered Investment Company		1,859
	Power Shares Emerging Markets Sovereign Debt ETF	Registered Investment Company		1,858
	iShares S&P Mid Cap 400 Index	Registered Investment Company		1,769
	Power Shares DB Commodity Index Track Trust ETF	Registered Investment Company		1,069
	iShares Gold Trust ETF	Registered Investment Company		891
	SPDR Barclays Capital International Treasury Bond ETF	Registered Investment Company		66
		Total Assets		$ 178,083

** Cost information omitted--participant directed

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Scribe America 401(K) Plan **EIN:** 20-2190415
Plan Sponsor's Name Scribe America, LLC **PN:** 001

(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
	SPDR	SPDR S&P 500 ETF	0	5,306
	iShares	iShares Russell 1000 Growth ETF	0	25,042
	PowerShares	PowerShares QQQ Trust Series 1 ETF	0	2,909
	SPDR	SPDR Dow Jones Industrial Average ETF	0	5,528
	iShares	iShares Russell 1000 Value ETF	0	42,051
	iShares	iShares Select Dividend ETF	0	4,747
	iShares	iShares Russell 2000 ETF	0	14,763

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Scribe America 401(K) Plan **EIN:** 20-2190415
Plan Sponsor's Name Scribe America, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Total Bond Market ETF	0	29,076
	iShares	iShares TIPS Bond ETF	0	5,738
	iShares	iShares 1-3 Year Treasury Bond ETF	0	2,593
	Vanguard	Vanguard REIT ETF	0	1,859
	Vanguard	Vanguard FTSE Emerging Markets ETF	0	6,756
	Vanguard	Vanguard FTSE Developed Markets ETF	0	23,146
	RBB	RBB Money Market Fund	0	2,916

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Scribe America 401(K) Plan **EIN:** 20-2190415
Plan Sponsor's Name Scribe America, LLC **PN:** 001

(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
	SPDR	SPDR Barclays Capital Intl Trsy Bond ETF	0	66
	PowerShares	PowerShares Emg Mkts Sovereign Debt ETF	0	1,858
	PowerShares	PowerShares DB Cmdty Indx Track Trst ETF	0	1,069
	iShares	iShares Gold Trust ETF	0	891
	iShares	iShares S&P MidCap 400 Index ETF	0	1,769