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 01/01/2015 and ending 02/28/2015

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

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [X] an amended return/report;
- [X] 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
DTI INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2008

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

1912 N BROADWAY
SUITE 300
SANTA ANA, CA 92706

2b Employer Identification Number (EIN)
33-0474751

2c Plan Sponsor's telephone number
714-565-0654

2d Business code (see instructions)
531110

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.	12/02/2015	JOHN EWING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2015	JOHN EWING
	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**	388
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)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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:
2A 2E 2F 2G 2J 2K 2S 2T 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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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 01/01/2015 and ending 02/28/2015

A Name of plan
DTI INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0474751

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

COLUMBIA
ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

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

DEAWM DISTRIBUTORS, INC.

36-3976708

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

OPPENHEIMER FUNDS INC.

13-2527171

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

STATE STREET CORPORATION

04-1867445

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(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)

ADP BROKER-DEALER

22-3319984

(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?
60 59 63 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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 [ ]

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEAWM DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00630 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00750 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015

A Name of plan
DTI INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0474751

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

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

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3884161-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTL IDX SECLEND SER VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-336	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC IDX VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-340	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX IX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-344	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MD CP IDX NL J

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-347	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015

A Name of plan
DTI INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0474751

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)		
(3) Other	1b(3)		
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)	149436	
(9) Value of interest in common/collective trusts	1c(9)	289977	
(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)	1867202	
(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	2306615	0
	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	2306615	0

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)	27514	
	(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)		27514
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)	849	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		849
	(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)	691	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		691
	(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)		-2893
(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)		69275
c Other income	2c		57
d Total income. Add all **income** amounts in column (b) and enter total	2d		95493
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3394	
(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)		3394
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	227	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		227
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3621
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		91872
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		2398487

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ELLS CERTIFIED PUBLIC ACCOUNTANT **(2)** EIN: 95-2771605

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		231000
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)
ADP TOTALSOURCE RET SAV PLAN	59-2452823	001

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 01/01/2015 and ending 02/28/2015

A Name of plan
DTI INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0474751

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): 57-1198022

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):

DTI INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
& INDEPENDENT AUDITORS' REPORT
FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH FEBRUARY 27, 2015
AND YEAR ENDED DECEMBER 31, 2014

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
DTI Investments, Inc. 401(k) Profit Sharing Plan
Santa Ana, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of DTI Investments, Inc. 401(k) Profit Sharing Plan (the "Plan") which comprise the statements of net assets available for benefits (modified cash basis) as of February 27, 2015 and December 31, 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the period from January 1, 2015 through February 27, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for 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 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 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee for the period from January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014 that the information provided to the plan administrator by the 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Plan Merger

As described in Note 1 to the financial statements, effective February 1, 2015, the Plan merged with ADP TotalSource Retirement Savings Plan, a multiple employer plan. All Plan assets were transferred to the new trustee as of February 27, 2015.

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

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

ELLS Certified Public Accountants & Business Advisors

Santa Ana, California
December 1, 2015

DTI INVESTMENTS, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FEBRUARY 27, 2015 AND DECEMBER 31, 2014

	2015	2014
ASSETS		
INVESTMENTS AT FAIR VALUE		
Mutual funds	$ -	$ 1,867,202
Common/collective funds	-	289,977
	-	2,157,179
RECEIVABLES		
Notes receivable from participants	-	149,436
NET ASSETS AVAILABLE FOR BENEFITS BEFORE ADJUSTMENTS	-	2,306,615
Adjustment from fair value to contract value for fully benefit responsive investment contract	-	(3,958)
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 2,302,657

See independent auditors' report and notes to financial statements.

DTI INVESTMENTS, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH FEBRUARY 27, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Dividends	$	691
Interest income and net appreciation in fair value of investments		70,397
		71,088
Interest income on notes receivable from participants		849
Contributions:		
Participants		27,514
TOTAL ADDITIONS TO NET ASSETS		99,451
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		3,394
Administrative expenses		227
TOTAL DEDUCTIONS FROM NET ASSETS		3,621
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		95,830
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		2,302,657
Transfer of plan assets due to merger		2,398,487
END OF YEAR	$	-

See independent auditors' report and notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

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

General

The Plan was a defined contribution plan covering all employees of the Company. Employees who had attained at least 21 years of age were eligible to participate in the Plan on the first day of the month following 6 months of service. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was adopted on November 1, 2008.

Plan Merger

On December 17, 2014, the Company amended the Plan to merge the Plan with ADP TotalSource Retirement Savings Plan, a multiple employer Plan (collectively the "Plan Merger"), effective February 1, 2015. Active participants continued to make elective deferrals until the last payroll period before the Plan Merger, which was January 30, 2015. Vesting of the discretionary employer contributions remained the same after the Plan Merger. As of February 27, 2015, all Plan assets were transferred from State Street Bank and Trust Company to the new trustee, Voya Institutional Trust Company. As a result of the Plan Merger, the Plan was deemed terminated on the effective date of the Plan Merger. See Note 7.

Contributions

Each year, participants were able to contribute from 1% up to 90% of eligible compensation, as defined in the Plan, up to the annual Internal Revenue Service dollar limitation. Newly eligible participants were automatically enrolled at a 3% pre-tax elective deferral amount unless they had specified differently. Participants could designate their contributions either pre-tax or Roth elective deferrals. Participants were also able to contribute amounts representing rollover distributions from other qualified plans.

The Company was able to make discretionary matching contributions. The discretionary matching contributions were the same percentage of deferrals for all Plan participants. The percentage of salary reduction contributions matched were determined by the Company. The Company made no matching contributions for the period from January 1, 2015 through February 27, 2015.

Similarly, on a year-by-year basis, the Company was able to make, at its election, a profit sharing contribution. The profit sharing contribution was at the same percentage

NOTE 1 – DESCRIPTION OF PLAN (CONT'D)

Contributions (Cont'd)

of pay for each Plan participant in the participant's profit sharing group. The Company did not make any profit sharing contributions for the period from January 1, 2015 through February 27, 2015.

Participant Accounts

Each participant's account was credited with the participant's contributions and allocations of (a) the Company's discretionary matching contribution, if any, (b) the Company's discretionary profit sharing contribution, if any, (c) Plan earnings or losses, and (d) charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately 100% vested in their contributions plus actual earnings thereon. The Company's discretionary matching contributions and profit sharing contributions and earnings thereon were vested in accordance with the following schedule:

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

Participants, however, were 100% vested upon a participant's 60th birthday.

Notes Receivable from Participants

Participants were able to borrow from their accounts a minimum of $500 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period or (b) 50% of the participant's vested account balance in the Plan. The loans were secured by the balance in the participant's account.

NOTE 1 – DESCRIPTION OF PLAN (CONT'D)

Notes Receivable from Participants (Cont'd)

The annual interest rate applied to a participant loan was equal to the Prime Interest Rate published in the Wall Street Journal plus 2%. All loans, other than loans made for the purpose of acquiring the principal residence of the participant, were required to be repaid within five years. Loans were required to be repaid with respect to both principal and interest by payroll deduction in substantially equal payments over the life of the loan, with payments not less frequently than quarterly. No more than two loans outstanding within a calendar year were permitted.

Payment of Benefits

Prior to the Plan Merger, termination of service due to death, disability or retirement, a participant could elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period of time not to exceed the life expectancy of the participant. If, however, a participant's vested interest was $5,000 or less, it shall be distributed as a lump-sum in cash or as a direct rollover as soon as practicable following termination of employment. For termination of service due to other reasons, a participant could elect to receive the value of the vested interest in his or her account as a lump-sum distribution. Participants with a vested balance greater than $5,000 could to elect to rollover their account balance to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions.

Additionally, under certain circumstances of financial hardship, participants were allowed to withdraw their elective contributions (not including earnings) from the Plan. Any amount withdrawn was subject to income taxes and was subject to additional tax based on early withdrawal. Participants were not permitted to contribute to the Plan for six months following a hardship withdrawal.

Furthermore, participants who had attained age 59-1/2 was able to withdraw all or any part of the nonforfeitable portion of their account balance.

Forfeitures

Forfeitures were created when participants terminate employment before becoming vested to their full benefits under the Plan. Forfeited amounts were used to reduce future employer discretionary matching contributions to the Plan or pay qualified Plan expenses.

At February 27, 2015 and December 31, 2014, forfeited non-allocated accounts were not material to the financial statements. For the period from January 1, 2015 through February 27, 2015, there were no forfeitures used to pay qualified Plan expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared under the modified cash basis method of accounting. Under this method, income is generally recognized when received and expenses are generally recognized when paid. Accordingly, these statements are not intended to purport financial position or the results of operations in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments were stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of mutual funds were recorded on a trade-date basis. Dividends were recorded on ex-dividend date. Interest was recorded on a cash basis. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan maintained investments in the Invesco Stable Value Fund ("Stable Value Fund"), which were considered to be fully benefit-responsive as participants' transaction with the fund, are generally at contract value. In accordance with Accounting Standards Codification ("ASC") 946-210-45 through 946-2101-55, *Reporting of Fully Benefit-Responsive Investment Contracts*, investments held by the trustee are required to be reported at fair value, which is generally determined as the amount that could reasonably be expected to realize from an orderly disposition of securities and other financial instruments over a reasonable period of time. However, contract value is the relevant measurement attributable for that portion of the net assets of the Plan attributable to fully benefit responsive investment contracts because contract value is the amount unitholders would receive if they were to initiate permitted transactions under the terms of the underlying defined contribution plans. The accompanying statement of net assets available for benefits, at December 31, 2014, reflects both the fair value as well as the adjustment to contract value for each investment contract deemed fully benefit-responsive. Additionally, the statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully-benefit responsive investment contracts from fair value to contract value. The statement changes in net assets available for benefits was prepared on a contract value basis.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting, required management to make estimates and assumptions that affected the reported amounts of assets, liabilities and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus accrued interest. In the event of a loan default, the outstanding balance on the note receivable was recorded as a deemed distribution.

Payment of Benefits

Benefit payments consisted of payments to participants (or, if applicable, the beneficiary) at retirement, disability, death or termination of employment. Benefit payments were made in the form of lump-sum distributions, direct rollovers or annuities. Benefits were recorded when paid.

Fees and Expenses

The Plan was responsible for Plan administrative costs, including the recordkeeping and management of the Plan. It was also responsible for costs related specifically to the investments. For the period from January 1, 2015 through February 27, 2015, the administrative and investment related costs paid by the Plan were $227.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	2015		2014
Invesco Stable Asset Fund-ADP85	$	*	$ 271,123
T. Rowe Price Retirement 2050-R		*	171,210
T. Rowe Price Retirement 2020-R		*	232,593
T. Rowe Price Retirement 2030-R		*	338,041
T. Rowe Price Retirement 2040-R		*	337,214
T. Rowe Price Retirement 2010-R		*	115,829

NOTE 3 – INVESTMENTS (CONT'D)

*At February 27, 2015, the Plan did not have a balance in the investment due to the transfer of all Plan assets in connection with the Plan Merger. See Note 1.

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $70,397 as follows:

Mutual funds	$ 69,305
Common/ collective trusts	1,035
Interest income	57
	$ 70,397

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

NOTE 4 – FAIR VALUE MEASUREMENTS (CONT'D)

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Value based on the net asset value ('NAV") of shares held by the Plan at year end.

Common/collective funds and stable value fund: Value based on the NAV of shares held by the Plan as reported by the trustee based upon the fund's underlying assets.

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.

In regards to the investments in common/collective trusts and stable value fund in which the fair value is based upon the NAV, individual participant redemptions are generally permitted without restriction. The redemption price is generally based upon the closing value per the unit of the fund, which is determined daily.

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

	Fair Value Measure Using Input Type			
INVESTMENTS:	Level 1	Level 2	Level 3	Total
Mutual funds:				
Multisector bond	$ 52,117	$ -	$ -	$ 52,117
Intermediate-term bond	39,427	-	-	39,427
Small value	67,924	-	-	67,924

NOTE 4 – FAIR VALUE MEASUREMENTS (CONT'D)

	Fair Value Measure Using Input Type			
INVESTMENTS:	Level 1	Level 2	Level 3	Total
Mutual funds: (Cont'd)				
Small blend	$ 51,611	$ -	$ -	$ 51,611
Mid-cap value	113,125	-	-	113,125
Mid-cap growth	37,491	-	-	37,491
Mid-cap blend	9,038	-	-	9,038
Large value	16,391	-	-	16,391
Large growth	47,136	-	-	47,136
Large blend	22,765	-	-	22,765
Target-date	1,264,839	-	-	1,264,839
Foreign large growth	94,604	-	-	94,604
Foreign large value	50,734	-	-	50,734
	1,867,202	-	-	1,867,202
Common/collective trust:				
Small blend	-	3,032	-	3,032
Mid-cap blend	-	3,490	-	3,490
Large blend	-	1,775	-	1,775
Stable value fund	-	275,081	-	275,081
Foreign large blend	-	6,599	-	6,599
	-	289,977	-	289,977
	$ 1,867,202	$ 289,977	$ -	$ 2,157,179

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (CONT'D)

- Investments and loans as reflected on the accompanying statements of net assets available for benefits (modified cash basis) as of February 27, 2015 and December 31, 2014, respectively;

- Investment income as reflected in the statement of changes in net assets available for plan benefits (modified cash basis) for the period from January 1, 2015 through February 27, 2015.

NOTE 6 – INVESTMENT CONTRACT

The Plan had offered the Invesco Stable Value Fund ("Stable Value Fund") to which a participant could to elect to transfer all or part of his or her funds. The stable value fund was considered to be a fully benefit-responsive investment contract. Contract value was the relevant measurement attribute for that portion of the net assets available for benefits. Contract value, as reported by Invesco, is the beginning balance plus any deposit and credited interest, less any withdrawals, charges or expenses, a measurement which approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of Invesco or otherwise. The contract value of the investment contract at February 27, 2015 and December 31, 2014, was $0 and $271,123, respectively. This investment returns were based on returns generated by an actively-managed, highly-diversified portfolio of investment grade, fixed and floating securities. The minimum average credit rating of the Fund's investments must be As3/AA- by Moody's/ S& P or an equivalent. Contract charges may reduce the fund's return. The average yield of the stable value fund based on actual earnings and interest credited to participants yielded 0.61%, respectively, for the period from January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014.

Certain potential events limited the ability of the Plan to transact at contract value with Invesco. These include the following: (1) the Plan is changed as to significantly affect Invesco obligations to the contract, (2) the contract can no longer be treated as a Pension Plan Contract, (3) the Plan is terminated, or (4) the trust fails to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

NOTE 7 – PLAN TERMINATION

As a result of the Plan Merger, the sponsoring Company has terminated the Plan subject to the provisions of ERISA, and adopted a new Plan with ADP TotalSource Retirement Savings Plan, effective February 1, 2015. Vesting of the discretionary employer contributions remained the same after the Plan Merger. See Note 1.

NOTE 8 – TAX STATUS

The Company adopted this Plan under the Automatic Data Processing (ADP) Prototype 401(k) and Profit Sharing Plan effective November 1, 2008. 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 requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified basis of accounting require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator had analyzed the tax positions taken by the Plan, and has concluded that as of February 27, 2015, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there were currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are common/collective funds managed during the from period January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014 by State Street Global Advisors, an affiliate of State Street Bank and Trust Company. Consequently, these transactions qualify as party-in-interest transactions. Additionally, the notes receivable from participants qualifies as party-in-interest transactions.

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan could invest 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 was at least reasonably possible that changes in the values of investment securities could have occurred 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.

NOTE 11- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of February 27, 2015 and December 31, 2014:

	2015	2014
Net assets available for benefits per the financial statements	$ -	$ 2,032,657
Add: adjustment to fair value for fully benefit-responsive investment contracts	-	3,958
Net assets available for benefits per Form 5500	$ -	$ 2,036,615

	2015
Increase in net assets available for benefits per financial statements	$ 95,730
Add: change in adjustment to fair value for fully benefit-responsive investment contracts	(3,865)
Increase in net assets available for benefits per Form 5500	$ 91,865

NOTE 12 – SUBSEQUENT EVENT

The Plan has evaluated subsequent events through December 1, 2015, the date financial statements were issued.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

DTI INVESTMENTS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
DTI Investments, Inc. 401(k) Profit Sharing Plan
Santa Ana, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of DTI Investments, Inc. 401(k) Profit Sharing Plan (the "Plan") which comprise the statements of net assets available for benefits (modified cash basis) as of February 27, 2015 and December 31, 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the period from January 1, 2015 through February 27, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for 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 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 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee for the period from January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014 that the information provided to the plan administrator by the 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Plan Merger

As described in Note 1 to the financial statements, effective February 1, 2015, the Plan merged with ADP TotalSource Retirement Savings Plan, a multiple employer plan. All Plan assets were transferred to the new trustee as of February 27, 2015.

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

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

ELLS Certified Public Accountants & Business Advisors

Santa Ana, California
December 1, 2015

DTI INVESTMENTS, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FEBRUARY 27, 2015 AND DECEMBER 31, 2014

	2015	2014
ASSETS		
INVESTMENTS AT FAIR VALUE		
Mutual funds	$ -	$ 1,867,202
Common/collective funds	-	289,977
	-	2,157,179
RECEIVABLES		
Notes receivable from participants	-	149,436
NET ASSETS AVAILABLE FOR BENEFITS BEFORE ADJUSTMENTS	-	2,306,615
Adjustment from fair value to contract value for fully benefit responsive investment contract	-	(3,958)
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 2,302,657

See independent auditors' report and notes to financial statements.

DTI INVESTMENTS, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH FEBRUARY 27, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Dividends	$	691
Interest income and net appreciation in fair value of investments		70,397
		71,088
Interest income on notes receivable from participants		849
Contributions:		
Participants		27,514
TOTAL ADDITIONS TO NET ASSETS		99,451
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		3,394
Administrative expenses		227
TOTAL DEDUCTIONS FROM NET ASSETS		3,621
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		95,830
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		2,302,657
Transfer of plan assets due to merger		2,398,487
END OF YEAR	$	-

See independent auditors' report and notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

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

General

The Plan was a defined contribution plan covering all employees of the Company. Employees who had attained at least 21 years of age were eligible to participate in the Plan on the first day of the month following 6 months of service. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was adopted on November 1, 2008.

Plan Merger

On December 17, 2014, the Company amended the Plan to merge the Plan with ADP TotalSource Retirement Savings Plan, a multiple employer Plan (collectively the "Plan Merger"), effective February 1, 2015. Active participants continued to make elective deferrals until the last payroll period before the Plan Merger, which was January 30, 2015. Vesting of the discretionary employer contributions remained the same after the Plan Merger. As of February 27, 2015, all Plan assets were transferred from State Street Bank and Trust Company to the new trustee, Voya Institutional Trust Company. As a result of the Plan Merger, the Plan was deemed terminated on the effective date of the Plan Merger. See Note 7.

Contributions

Each year, participants were able to contribute from 1% up to 90% of eligible compensation, as defined in the Plan, up to the annual Internal Revenue Service dollar limitation. Newly eligible participants were automatically enrolled at a 3% pre-tax elective deferral amount unless they had specified differently. Participants could designate their contributions either pre-tax or Roth elective deferrals. Participants were also able to contribute amounts representing rollover distributions from other qualified plans.

The Company was able to make discretionary matching contributions. The discretionary matching contributions were the same percentage of deferrals for all Plan participants. The percentage of salary reduction contributions matched were determined by the Company. The Company made no matching contributions for the period from January 1, 2015 through February 27, 2015.

Similarly, on a year-by-year basis, the Company was able to make, at its election, a profit sharing contribution. The profit sharing contribution was at the same percentage

NOTE 1 – DESCRIPTION OF PLAN (CONT'D)

Contributions (Cont'd)

of pay for each Plan participant in the participant's profit sharing group. The Company did not make any profit sharing contributions for the period from January 1, 2015 through February 27, 2015.

Participant Accounts

Each participant's account was credited with the participant's contributions and allocations of (a) the Company's discretionary matching contribution, if any, (b) the Company's discretionary profit sharing contribution, if any, (c) Plan earnings or losses, and (d) charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately 100% vested in their contributions plus actual earnings thereon. The Company's discretionary matching contributions and profit sharing contributions and earnings thereon were vested in accordance with the following schedule:

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

Participants, however, were 100% vested upon a participant's 60th birthday.

Notes Receivable from Participants

Participants were able to borrow from their accounts a minimum of $500 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period or (b) 50% of the participant's vested account balance in the Plan. The loans were secured by the balance in the participant's account.

NOTE 1 – DESCRIPTION OF PLAN (CONT'D)

Notes Receivable from Participants (Cont'd)

The annual interest rate applied to a participant loan was equal to the Prime Interest Rate published in the Wall Street Journal plus 2%. All loans, other than loans made for the purpose of acquiring the principal residence of the participant, were required to be repaid within five years. Loans were required to be repaid with respect to both principal and interest by payroll deduction in substantially equal payments over the life of the loan, with payments not less frequently than quarterly. No more than two loans outstanding within a calendar year were permitted.

Payment of Benefits

Prior to the Plan Merger, termination of service due to death, disability or retirement, a participant could elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period of time not to exceed the life expectancy of the participant. If, however, a participant's vested interest was $5,000 or less, it shall be distributed as a lump-sum in cash or as a direct rollover as soon as practicable following termination of employment. For termination of service due to other reasons, a participant could elect to receive the value of the vested interest in his or her account as a lump-sum distribution. Participants with a vested balance greater than $5,000 could to elect to rollover their account balance to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions.

Additionally, under certain circumstances of financial hardship, participants were allowed to withdraw their elective contributions (not including earnings) from the Plan. Any amount withdrawn was subject to income taxes and was subject to additional tax based on early withdrawal. Participants were not permitted to contribute to the Plan for six months following a hardship withdrawal.

Furthermore, participants who had attained age 59-1/2 was able to withdraw all or any part of the nonforfeitable portion of their account balance.

Forfeitures

Forfeitures were created when participants terminate employment before becoming vested to their full benefits under the Plan. Forfeited amounts were used to reduce future employer discretionary matching contributions to the Plan or pay qualified Plan expenses.

At February 27, 2015 and December 31, 2014, forfeited non-allocated accounts were not material to the financial statements. For the period from January 1, 2015 through February 27, 2015, there were no forfeitures used to pay qualified Plan expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared under the modified cash basis method of accounting. Under this method, income is generally recognized when received and expenses are generally recognized when paid. Accordingly, these statements are not intended to purport financial position or the results of operations in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments were stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of mutual funds were recorded on a trade-date basis. Dividends were recorded on ex-dividend date. Interest was recorded on a cash basis. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan maintained investments in the Invesco Stable Value Fund ("Stable Value Fund"), which were considered to be fully benefit-responsive as participants' transaction with the fund, are generally at contract value. In accordance with Accounting Standards Codification ("ASC") 946-210-45 through 946-2101-55, *Reporting of Fully Benefit-Responsive Investment Contracts*, investments held by the trustee are required to be reported at fair value, which is generally determined as the amount that could reasonably be expected to realize from an orderly disposition of securities and other financial instruments over a reasonable period of time. However, contract value is the relevant measurement attributable for that portion of the net assets of the Plan attributable to fully benefit responsive investment contracts because contract value is the amount unitholders would receive if they were to initiate permitted transactions under the terms of the underlying defined contribution plans. The accompanying statement of net assets available for benefits, at December 31, 2014, reflects both the fair value as well as the adjustment to contract value for each investment contract deemed fully benefit-responsive. Additionally, the statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully-benefit responsive investment contracts from fair value to contract value. The statement changes in net assets available for benefits was prepared on a contract value basis.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting, required management to make estimates and assumptions that affected the reported amounts of assets, liabilities and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus accrued interest. In the event of a loan default, the outstanding balance on the note receivable was recorded as a deemed distribution.

Payment of Benefits

Benefit payments consisted of payments to participants (or, if applicable, the beneficiary) at retirement, disability, death or termination of employment. Benefit payments were made in the form of lump-sum distributions, direct rollovers or annuities. Benefits were recorded when paid.

Fees and Expenses

The Plan was responsible for Plan administrative costs, including the recordkeeping and management of the Plan. It was also responsible for costs related specifically to the investments. For the period from January 1, 2015 through February 27, 2015, the administrative and investment related costs paid by the Plan were $227.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	2015		2014
Invesco Stable Asset Fund-ADP85	$	*	$ 271,123
T. Rowe Price Retirement 2050-R		*	171,210
T. Rowe Price Retirement 2020-R		*	232,593
T. Rowe Price Retirement 2030-R		*	338,041
T. Rowe Price Retirement 2040-R		*	337,214
T. Rowe Price Retirement 2010-R		*	115,829

NOTE 3 – INVESTMENTS (CONT'D)

*At February 27, 2015, the Plan did not have a balance in the investment due to the transfer of all Plan assets in connection with the Plan Merger. See Note 1.

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $70,397 as follows:

Mutual funds	$ 69,305
Common/ collective trusts	1,035
Interest income	57
	$ 70,397

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

NOTE 4 – FAIR VALUE MEASUREMENTS (CONT'D)

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Value based on the net asset value ('NAV") of shares held by the Plan at year end.

Common/collective funds and stable value fund: Value based on the NAV of shares held by the Plan as reported by the trustee based upon the fund's underlying assets.

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.

In regards to the investments in common/collective trusts and stable value fund in which the fair value is based upon the NAV, individual participant redemptions are generally permitted without restriction. The redemption price is generally based upon the closing value per the unit of the fund, which is determined daily.

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

	Fair Value Measure Using Input Type			
INVESTMENTS:	Level 1	Level 2	Level 3	Total
Mutual funds:				
Multisector bond	$ 52,117	$ -	$ -	$ 52,117
Intermediate-term bond	39,427	-	-	39,427
Small value	67,924	-	-	67,924

NOTE 4 – FAIR VALUE MEASUREMENTS (CONT'D)

	Fair Value Measure Using Input Type			
INVESTMENTS:	Level 1	Level 2	Level 3	Total
Mutual funds: (Cont'd)				
Small blend	$ 51,611	$ -	$ -	$ 51,611
Mid-cap value	113,125	-	-	113,125
Mid-cap growth	37,491	-	-	37,491
Mid-cap blend	9,038	-	-	9,038
Large value	16,391	-	-	16,391
Large growth	47,136	-	-	47,136
Large blend	22,765	-	-	22,765
Target-date	1,264,839	-	-	1,264,839
Foreign large growth	94,604	-	-	94,604
Foreign large value	50,734	-	-	50,734
	1,867,202	-	-	1,867,202
Common/collective trust:				
Small blend	-	3,032	-	3,032
Mid-cap blend	-	3,490	-	3,490
Large blend	-	1,775	-	1,775
Stable value fund	-	275,081	-	275,081
Foreign large blend	-	6,599	-	6,599
	-	289,977	-	289,977
	$ 1,867,202	$ 289,977	$ -	$ 2,157,179

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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

NOTE 5 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (CONT'D)

- Investments and loans as reflected on the accompanying statements of net assets available for benefits (modified cash basis) as of February 27, 2015 and December 31, 2014, respectively;

- Investment income as reflected in the statement of changes in net assets available for plan benefits (modified cash basis) for the period from January 1, 2015 through February 27, 2015.

NOTE 6 – INVESTMENT CONTRACT

The Plan had offered the Invesco Stable Value Fund ("Stable Value Fund") to which a participant could to elect to transfer all or part of his or her funds. The stable value fund was considered to be a fully benefit-responsive investment contract. Contract value was the relevant measurement attribute for that portion of the net assets available for benefits. Contract value, as reported by Invesco, is the beginning balance plus any deposit and credited interest, less any withdrawals, charges or expenses, a measurement which approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of Invesco or otherwise. The contract value of the investment contract at February 27, 2015 and December 31, 2014, was $0 and $271,123, respectively. This investment returns were based on returns generated by an actively-managed, highly-diversified portfolio of investment grade, fixed and floating securities. The minimum average credit rating of the Fund's investments must be As3/AA- by Moody's/ S& P or an equivalent. Contract charges may reduce the fund's return. The average yield of the stable value fund based on actual earnings and interest credited to participants yielded 0.61%, respectively, for the period from January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014.

Certain potential events limited the ability of the Plan to transact at contract value with Invesco. These include the following: (1) the Plan is changed as to significantly affect Invesco obligations to the contract, (2) the contract can no longer be treated as a Pension Plan Contract, (3) the Plan is terminated, or (4) the trust fails to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

NOTE 7 – PLAN TERMINATION

As a result of the Plan Merger, the sponsoring Company has terminated the Plan subject to the provisions of ERISA, and adopted a new Plan with ADP TotalSource Retirement Savings Plan, effective February 1, 2015. Vesting of the discretionary employer contributions remained the same after the Plan Merger. See Note 1.

NOTE 8 – TAX STATUS

The Company adopted this Plan under the Automatic Data Processing (ADP) Prototype 401(k) and Profit Sharing Plan effective November 1, 2008. 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 requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified basis of accounting require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator had analyzed the tax positions taken by the Plan, and has concluded that as of February 27, 2015, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there were currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are common/collective funds managed during the from period January 1, 2015 through February 27, 2015 and for the year ended December 31, 2014 by State Street Global Advisors, an affiliate of State Street Bank and Trust Company. Consequently, these transactions qualify as party-in-interest transactions. Additionally, the notes receivable from participants qualifies as party-in-interest transactions.

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan could invest 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 was at least reasonably possible that changes in the values of investment securities could have occurred 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.

NOTE 11- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of February 27, 2015 and December 31, 2014:

	2015	2014
Net assets available for benefits per the financial statements	$ -	$ 2,032,657
Add: adjustment to fair value for fully benefit-responsive investment contracts	-	3,958
Net assets available for benefits per Form 5500	$ -	$ 2,036,615

	2015
Increase in net assets available for benefits per financial statements	$ 95,730
Add: change in adjustment to fair value for fully benefit-responsive investment contracts	(3,865)
Increase in net assets available for benefits per Form 5500	$ 91,865

NOTE 12 – SUBSEQUENT EVENT

The Plan has evaluated subsequent events through December 1, 2015, the date financial statements were issued.