# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1985

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
THE ALLEE CORPORATION
RUSTY WALLIS HONDA

12277 SHILOH ROAD
DALLAS, TX 75228

**2b** Employer Identification Number (EIN)
75-1073518

**2c** Plan Sponsor's telephone number
214-348-7500

**2d** Business code (see instructions)
441110

**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. | 12/24/2018 | CHEVIE GRIGGERS FOUTZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.

ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number (optional)
800-261-9618

| | | | |
|---|---|---|---|
| **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** | 340 |
| **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)** | 315 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 307 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 27 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 334 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 334 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 121 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 17 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [ ] 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)** [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

**D** Employer Identification Number (EIN)
75-1073518

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

**1** Coverage Information:

**(a)** Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0145825 | 60895 | G99004 | 121 | 01/01/2014 | 12/31/2014 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 6861 | 0 |

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

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

HARVEY WOLFF

WOLFF AND ASSOCIATES
PO BOX 832450
RICHARDSON, TX 75083

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 6861 | 0 | N/A | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 68909 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2733310 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 110503 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 2676 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 2916 | | |
| | (4) Transferred from separate account | 7c(4) | 2798 | | |
| | (5) Other (specify below) | 7c(5) | 2805 | | |
| | ▶ LOAN REPAYMENT | | | | |
| | (6)Total additions | | | 7c(6) | 11195 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 121698 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 47358 | | |
| | (2) Administration charge made by carrier | 7e(2) | 91 | | |
| | (3) Transferred to separate account | 7e(3) | 1509 | | |
| | (4) Other (specify below) | 7e(4) | 3831 | | |
| | ▶ LOANS ISSUED | | | | |
| | (5) Total deductions | | | 7e(5) | 52789 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 68909 |

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

**D** Employer Identification Number (EIN)
75-1073518

## 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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 64 37 52 59 60 63 66 67 | NONE | 1485 | Yes [X] No [ ] | Yes [ ] No [X] | 23769 | 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 66 67 | 23769 |

| **(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 UNITED LIFE INSURANCE CO<br><br>35-0145825 | ASSET CHARGE |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 INVESTMENTS<br><br>20-2036524 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 FUNDS<br><br>95-1411037 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 INVESTMENTS<br><br>04-2270522 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| FIRST AMERICAN FUNDS<br><br>41-2003732 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| FRANKLIN TEMPLETON INVESTMENTS<br><br>94-3382187 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 INC<br><br>13-2510833 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 ASSET MANAGEMENT<br><br>13-4166989 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| INVESCO<br><br>74-1881364 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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 CAPITAL GROUP INC<br><br>75-3019319 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| LORD ABBETT FUNDS<br><br>13-5620131 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| MFS INVESTMENT MANAGEMENT<br><br>04-3169826 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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.<br><br>13-2527171 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| PARNASSUS<br><br>94-2943858 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| PIMCO<br><br>06-1349805 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| PIONEER INVESTMENTS<br><br>13-1961193 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| PRUDENTIAL INVESTMENTS<br><br>22-3468527 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| RUSSELL INVESTMENT COMPANY<br><br>91-1175092 | REVENUE SHARING FORMULA - SEE ATTACHED |

## 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 |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| STATE STREET GLOBAL ADVISORS<br><br>04-1867445 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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<br><br>52-1184650 | REVENUE SHARING FORMULA - SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO | 63 60 52 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. |
|---|---|
| THORNBURG INVESTMENT MANAGEMENT<br><br>85-0301299 | REVENUE SHARING FORMULA - SEE ATTACHED |

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE 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 01/01/2014 and ending 12/31/2014

**A** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

**D** Employer Identification Number (EIN)
75-1073518

## 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: SEPARATE ACCOUNT II

**b** Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE 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) |
|---|---|---|
| 35-0145825-000 | P | 2733310 |

**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) |
|---|---|---|

**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 01/01/2014 and ending 12/31/2014

**A** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

**D** Employer Identification Number (EIN)
75-1073518

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 29739 | 30399 |
| **(2)** Participant contributions | 1b(2) | 4943 | 5180 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 130103 | 198660 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(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) | 2627705 | 2733310 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 110503 | 68909 |
| **(15)** Other | 1c(15) | 243991 | 240600 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 3146984 | 3277058 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **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 | 3146984 | 3277058 |

## 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) | 30399 | |
| **(B)** Participants | 2a(1)(B) | 326936 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1970 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 359305 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 5332 | |
| **(F)** Other | 2b(1)(F) | 2916 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 8248 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(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) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(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) | | 0 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 90115 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 457668 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 325996 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 325996 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| **(2)** Contract administrator fees | 2i(2) | 1598 | |
| **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| **(4)** Other | 2i(4) | 0 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1598 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 327594 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 130074 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | 0 |

## 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: TURNER VEDRENNE & HOWARD PC **(2)** EIN: 75-2915651

**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 | | 100000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
THE ALLEE CORPORATION 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE ALLEE CORPORATION

**D** Employer Identification Number (EIN)
75-1073518

## 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): 35-0145825

**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** | 0.00 |
| **b** The corresponding number for the second preceding plan year | **15b** | 0.00 |

**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):

# THE ALLEE CORPORATION 401(K) PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULE

## DECEMBER 31, 2014 AND 2013

# THE ALLEE CORPORATION 401(K) PLAN

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TURNER, VEDRENNE & HOWARD, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

# INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
The Allee Corporation 401(k) Plan

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of The Allee Corporation 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by American United Life Insurance Company (AUL), the custodian of the Plan's investment assets, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that AUL holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from AUL as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by AUL 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.

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Suite 875
Dallas, Texas 75243

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(972) 644-1813 Fax
email: tvh@TVHcpas.com

MEMBERS
*Texas Society of CPAs*
*American Institute of CPAs*

**Other Matter**
The supplemental schedule of assets (held at end of year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by AUL, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Turner, Vedrine & Howard, P.C.

Dallas, Texas
December 13, 2018

# THE ALLEE CORPORATION 401(K) PLAN
# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
# DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Pooled separate accounts (Notes 3 and 4) | $ 2,733,310 | $ 2,627,705 |
| Guaranteed interest account with insurance company (Notes 3, 4, and 5) | 68,909 | 110,503 |
| Other investments (Notes 3 and 4) | 240,600 | 243,991 |
| Due from participants | 5,180 | 4,943 |
| Due from employer | 30,399 | 29,739 |
| Notes receivable from participants | 198,660 | 130,103 |
| Total assets | 3,277,058 | 3,146,984 |
| **LIABILITIES** | -- | -- |
| Net assets available for benefits | $ 3,277,058 | $ 3,146,984 |

*See accompanying notes to financial statements.*

# THE ALLEE CORPORATION 401(K) PLAN
# STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
# FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| **ADDITIONS:** | | |
| Investment income: | | |
| Net appreciation in fair value of investments, net of Investment expenses (Notes 3 and 4) | $ 90,115 | $ 441,545 |
| Interest and dividends | 2,916 | 4,238 |
| Total investment income | 93,031 | 445,783 |
| Contributions: | | |
| Employer | 30,399 | 29,739 |
| Participants | 328,906 | 324,693 |
| Total contributions | 359,305 | 354,432 |
| Interest income on notes receivable from participants | 5,332 | 3,683 |
| Total additions | 457,668 | 803,898 |
| **DEDUCTIONS:** | | |
| Benefits paid to participants | 325,996 | 171,246 |
| Administrative expenses | 1,598 | 1,536 |
| Total deductions | 327,594 | 172,782 |
| Increase in net assets available for plan benefits | 130,074 | 631,116 |
| Net assets available for benefits: | | |
| Beginning of year | 3,146,984 | 2,515,868 |
| End of year | $ 3,277,058 | $ 3,146,984 |

*See accompanying notes to financial statements.*

## 1. DESCRIPTION OF THE PLAN

The following description of The Allee Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete discussion of the Plan's provisions.

General

The Plan, a defined contribution plan qualified under Sections 401(a) and 401(k) of the Internal Revenue Code (the Code) (see Note 7 below), meets the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees who have completed one year of employment with The Allee Corporation (the Employer) or affiliated companies.

Contributions

Participants may make voluntary contributions up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($17,500 for 2014 and 2013, respectively, and $23,000 for those age 50 and over), to provide an additional source of income for retirement. The Plan does not allow for after-tax contributions by the participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. For the years ended December 31, 2014 and 2013, the Employer made matching contributions of 10% of eligible participant contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is vested 20% after 2 years of credited service, with an additional 20% added for each year of service thereafter. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited may be used to pay Plan expenses or to reduce Employer contributions. In some cases, forfeitures may be allocated to eligible participants as an additional employer contribution. There were forfeitures of $1,432 and $1,458 for 2014 and 2013, respectively.

Payment of Benefits

Payment of benefits by the Plan are payable upon the occurrence of retirement, death, disability, termination of employment, termination of the Plan, an in-service withdrawal request (only for employees that have attained 59 1/2 years of age) or an election by a participant to receive a hardship distribution. Upon the occurrence of the qualifying event, distributions are payable by lump-sum payment.

## 1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan. The Plan paid administrative expenses of $1,598 and $1,536 for the years ended December 31, 2014 and 2013, respectively.

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 25 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Interest rates are 3.25% at December 31, 2014. Principal and interest are paid ratably through monthly payroll deductions.

Investment Options
Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the available investment options. Participants may change their investment options at any time. The investment options available to participants are through American United Life Insurance Company (AUL).

## 2. SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Income
Income or loss from dividends, interest, and dispositions are recognized on the accrual basis of accounting. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits
Benefits are recorded when paid.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## 2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Management has reviewed subsequent events and transactions which occurred after December 31, 2014 through the date of the independent auditor's report, which is the date the financial statements were available for release. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with accounting principles generally accepted in the United States of America.

## 3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

The fair value measurement accounting literature establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices in active markets for similar assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair value of other investments is based on quoted values of shares held by the Plan at year-end.

Level 2 Fair Value Measurements

Pooled separate accounts invest primarily in a single mutual fund. The fair value of pooled separate accounts is based on the number of shares held by the Plan at year-end priced at the net asset value as reported to the Plan by AUL. The net asset value is used as a practical expedient to determine fair value for these accounts. Each pooled separate account provides for redemptions and transfers by the Plan at reported net asset value per share, with no advance notice requirement.

Level 3 Fair Value Measurements

The guaranteed interest account with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by discounting estimated cash flows based on current yields of similar instruments.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

## 3. FAIR VALUE MEASUREMENTS (Continued)

| | | Fair Value Measurements Using | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Quoted Prices in Active Markets for Similar Assets (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2014 | | | | |
| Pooled separate accounts | $ 2,733,310 | $ -- | $ 2,733,310 | $ -- |
| Guaranteed interest account with insurance company | 68,909 | -- | -- | 68,909 |
| Other investments | 240,600 | 240,600 | -- | -- |
| | $ 3,042,819 | $ 240,600 | $ 2,733,310 | $ 68,909 |
| December 31, 2013 | | | | |
| Pooled separate accounts | $ 2,627,705 | $ -- | $ 2,627,705 | $ -- |
| Guaranteed interest account with insurance company | 110,503 | -- | -- | 110,503 |
| Other investments | 243,991 | 243,991 | -- | -- |
| | $ 2,982,199 | $ 243,991 | $ 2,627,705 | $ 110,503 |

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed interest account:

| | |
|---|---|
| Balance at December 31, 2012 | $ 105,949 |
| Total gains (losses) included in changes in net assets available for benefits | 4,238 |
| Purchases, sales, insurances, and settlements (net) | 316 |
| Balance at December 31, 2013 | 110,503 |
| Total gains (losses) included in changes in net assets available for benefits | 2,916 |
| Purchases, sales, insurances, and settlements (net) | (44,510) |
| Balance at December 31, 2014 | $ 68,909 |

## 4. INVESTMENTS

AUL holds the Plan's investments in a trust fund. The following table presents information included in the accompanying financial statements and supplemental schedule that was obtained from data prepared and certified by AUL as complete and accurate.

| | 2014 | 2013 |
|---|---|---|
| Investments: | | |
| Pooled separate accounts: | $ 2,733,310 | $ 2,627,705 |
| Guaranteed interest account with insurance company | 68,909 | 110,503 |
| Other investments | 240,600 | 243,991 |
| Investment income: | | |
| Net appreciation in fair value of investments | 90,115 | 441,545 |
| Interest and dividends | 2,916 | 4,238 |

## 5. GUARANTEED INTEREST ACCOUNT WITH INSURANCE COMPANY

The Plan has a guaranteed interest account with AUL. The guaranteed interest account is included in the financial statements at fair value, as reported to the Plan by AUL. The average interest rate under the contract at December 31, 2014 was 4.00%.

## 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

## 7. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated March 31, 2008. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

## 8. RISKS AND UNCERTAINTIES

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

## 9. PARTIES – IN - INTEREST

Parties-in-interest are defined under the Department of Labor regulations as any fiduciary to the Plan or any party rendering services to the Plan, the Employer and certain others. As such, transactions conducted with the Employer, custodian and third party administrator qualify as party-in-interest transactions.

AUL holds the Plan's investments in a trust fund. The Plan directly and indirectly pays certain administrative and investment advisory fees to AUL and others associated with the Plan. These transactions qualify as party in-interest transactions; however, all of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

# SUPPLEMENTAL SCHEDULE

# THE ALLEE CORPORATION 401(K) PLAN (PLAN #001)
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# EIN 75-1073518

| (a) | (b) Identity of Party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Lord Abbett Developing Growth | Pooled sep. acct. | | $ 132,371 |
| * | Lord Abbett Value Opportunities | Pooled sep. acct. | | 42 |
| * | American Funds Capital World Growth & Income | Pooled sep. acct. | | 34,940 |
| * | American Funds Europacific Growth | Pooled sep. acct. | | 32,845 |
| * | American Funds Growth Fund of America | Pooled sep. acct. | | 2,453 |
| * | American Funds American High Income Trust | Pooled sep. acct. | | 16,864 |
| * | American Funds Smallcap World | Pooled sep. acct. | | 16,239 |
| * | Goldman Sachs Midcap Value | Pooled sep. acct. | | 89,855 |
| * | Goldman Sachs Smallcap Value | Pooled sep. acct. | | 20,572 |
| * | Goldman Sachs Tollkeeper | Pooled sep. acct. | | 12,233 |
| * | OneAmerica Money Market | Pooled sep. acct. | | 356,916 |
| * | OneAmerica Investment Grade Bond | Pooled sep. acct. | | 10,129 |
| * | OneAmerica Asset Director | Pooled sep. acct. | | 175,523 |
| * | OneAmerica Value | Pooled sep. acct. | | 34,652 |
| * | Fidelity VIP Contrafund | Pooled sep. acct. | | 124,086 |
| * | Fidelity Advisor Levco Stock | Pooled sep. acct. | | 81,119 |
| * | Fidelity Advisor Small Cap | Pooled sep. acct. | | 2,760 |
| * | T. Rowe Price Equity Income | Pooled sep. acct. | | 79,431 |
| * | T. Rowe Price Growth Stock | Pooled sep. acct. | | 122,778 |
| * | T. Rowe Price 2015 Retirement | Pooled sep. acct. | | 30,241 |
| * | T. Rowe Price 2020 Retirement | Pooled sep. acct. | | 9,840 |
| * | T. Rowe Price 2025 Retirement | Pooled sep. acct. | | 40,738 |
| * | T. Rowe Price 2030 Retirement | Pooled sep. acct. | | 93,953 |
| * | T. Rowe Price 2035 Retirement | Pooled sep. acct. | | 25,611 |
| * | T. Rowe Price 2040 Retirement | Pooled sep. acct. | | 54,396 |
| * | T. Rowe Price 2045 Retirement | Pooled sep. acct. | | 10,924 |
| * | INVESCO Energy Services | Pooled sep. acct. | | 222,201 |
| * | INVESCO Global Health Care | Pooled sep. acct. | | 3,842 |
| * | INVESCO Midcap Growth | Pooled sep. acct. | | 858 |
| * | SSGA S&P 500 Flagship | Pooled sep. acct. | | 113,537 |
| * | Alger Large Cap Growth | Pooled sep. acct. | | 71,338 |
| * | Alger Small Cap Growth | Pooled sep. acct. | | 9,591 |
| * | Janus Aspen Series Flexible Bond | Pooled sep. acct. | | 121,781 |
| * | Prudential Jennison Health Sciences Fund | Pooled sep. acct. | | 79,890 |
| * | American Century International Growth | Pooled sep. acct. | | 12,975 |
| * | American Century Equity Income | Pooled sep. acct. | | 23,849 |
| * | American Century Small Cap Value | Pooled sep. acct. | | 78,025 |
| * | American Century Strategic Allocation Conservative | Pooled sep. acct. | | 306 |
| * | American Century Strategic Allocation Aggressive | Pooled sep. acct. | | 84,623 |
| * | American Century Strategic Allocation Moderate | Pooled sep. acct. | | 68,598 |
| * | American Century Real Estate | Pooled sep. acct. | | 70,583 |
| * | PIMCO Total Return | Pooled sep. acct. | | 25,308 |
| * | MFS Utilities | Pooled sep. acct. | | 54,098 |
| * | Parnassus Mid-Cap | Pooled sep. acct. | | 8,531 |
| * | Russell US Smallcap Equity | Pooled sep. acct. | | 952 |
| * | Thornburg Limited-Term Income | Pooled sep. acct. | | 42,749 |
| * | Thornburg International Value | Pooled sep. acct. | | 24,250 |

*See accompanying independent auditor's report.*

# THE ALLEE CORPORATION 401(K) PLAN (PLAN #001)
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# EIN 75-1073518

| (a) | (b) Identity of Party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Oppenheimer Gold & Special Minerals | Pooled sep. acct. | | 3,914 |
| * | American United Life Insurance Company Fixed Account | GIA | | 68,909 |
| | TDAM participant directed brokerage account | Brokerage acct. | | 240,600 |
| * | Notes receivable from participants, $198,660 principal, 3.25% interest rate | | | 198,660 |
| | | | | $ 3,241,479 |

*See accompanying independent auditor's report.*

# Schedule C Attachment for Line Item 3(e)

**Plan Name** **G99004 THE ALLEE CORPORATION 401K PLAN AND TRUST**

**Plan Number** **001** **Plan Year End** **12/31/2014**

**EIN** **75-1073518**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

| Investment Company | Investment Portfolio | Annual Percentage |
|---|---|---|
| AMERICAN CENTURY INVESTMENTS | AmerCent RealEstate Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Eqty Inc Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Strat Alloc Agrsv Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent AllocCon Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Strat Alloc: Mod Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent SmCap Val Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Intl Grth Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Select Inv | 0.35 |
| AMERICAN CENTURY INVESTMENTS | AmerCent Ultra Inv | 0.35 |
| AMERICAN FUNDS | AmerFds EuroPac Grth R4 | 0.35 |
| AMERICAN FUNDS | AmerFds Grth Fd of America R4 | 0.35 |
| AMERICAN FUNDS | AmerFds Amer High Inc Trust R4 | 0.35 |
| AMERICAN FUNDS | AmerFds SmCap World R4 | 0.35 |
| AMERICAN FUNDS | AmerFds Cap World Grth&Inc R4 | 0.35 |
| FIDELITY INVESTMENTS | Fidelity Adv Lev Comp Stock A | 0.50 |

| Investment Company | Investment Portfolio | Annual Percentage |
|---|---|---|
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2010 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2015 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2020 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2025 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2030 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2035 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2040 Fd T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2035 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2040 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2010 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2015 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2020 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2025 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv Freedom 2030 Fd A | 0.50 |
| FIDELITY INVESTMENTS | Fidelity Adv SmCap T | 0.75 |
| FIDELITY INVESTMENTS | Fidelity VIP Grth Init | 0.15 |
| FIDELITY INVESTMENTS | Fidelity VIP Asset Mngr Init | 0.15 |
| FIDELITY INVESTMENTS | Fidelity VIP Contrafd Init | 0.15 |
| FIRST AMERICAN FUNDS | Nuveen SmCap Val A | 0.50 |
| FRANKLIN TEMPLETON INVESTMENTS | Templeton Grth A | 0.40 |
| FRED ALGER & COMPANY, INC | Alger LgCap Grth Port I-2 | 0.20 |
| FRED ALGER & COMPANY, INC | Alger SmCap Grth Inst | 0.25 |
| GOLDMAN SACHS ASSET MANAGEMENT | GoldmanSachs MidCap Val Inst | 0.10 |
| GOLDMAN SACHS ASSET MANAGEMENT | GoldmanSachs SmCapVal Inst | 0.10 |
| GOLDMAN SACHS ASSET MANAGEMENT | GoldmanSachs Tollkeeper Inst | 0.10 |
| INVESCO | Invesco Capital Development | 0.20 |
| INVESCO | Invesco Energy Fd Inv | 0.50 |
| INVESCO | Invesco Financial Services | 0.35 |
| INVESCO | Invesco Global Health Care Inv | 0.50 |
| INVESCO | Invesco MidCap Grth R5 | 0.20 |
| JANUS CAPITAL GROUP, INC | Perkins Small Cap Value S | 0.50 |
| JANUS CAPITAL GROUP, INC | Janus Asp Flexible Bond Inst | 0.15 |
| JANUS CAPITAL GROUP, INC | Janus Asp Global Research Inst | 0.15 |
| LORD ABBETT FUNDS | Lord Abbett Dev Grth P | 0.60 |
| LORD ABBETT FUNDS | Lord Abbett Val Ops A | 0.40 |
| MFS INVESTMENT MANAGEMENT | MFS Utilities R3 | 0.40 |
| OPPENHEIMER FUNDS INC. | Oppenheimer Gold & Spcl Min A | 0.50 |

| Investment Company | Investment Portfolio | Annual Percentage |
|---|---|---|
| PARNASSUS | Parnassus MidCap NL | 0.25 |
| PIMCO | PIMCO Total Return Adm | 0.25 |
| PIONEER INVESTMENTS | Pioneer VCT Inst | 0.25 |
| PIONEER INVESTMENTS | Pioneer Sel Mid Cap Grth VCT I | 0.25 |
| PRUDENTIAL INVESTMENTS | Prudential Jenn Health Sci Z | 0.25 |
| PRUDENTIAL INVESTMENTS | Prudential Jenn Natural Recs Z | 0.25 |
| RUSSELL INVESTMENT COMPANY | Russell US SmCap Eqty Fd S | 0.25 |
| STATE STREET GLOBAL ADVISORS | SSgA S&P 500 Indx F | 0.22 |
| T ROWE PRICE | TRowePrice Ret 2010 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2015 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2020 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2025 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2030 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2035 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2040 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2045 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2050 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret 2055 Adv | 0.40 |
| T ROWE PRICE | TRowePrice Ret Bal Adv | 0.40 |
| T ROWE PRICE | TRowePrice Eqty Inc Ins | 0.25 |
| T ROWE PRICE | TRowePrice Grth Stock Adv | 0.40 |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Intl Val R5 | 0.25 |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Intl Val R3 | 0.70 |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Ltd-Term Inc R3 | 0.55 |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Core Grth R5 | 0.25 |

**Plan Type** **1 401PS**

# Schedule H, Line 4i
# Schedule of Assets (Held At End of Year)

Name of Plan: THE ALLEE CORPORATION 401K PLAN AND TRUST
Employer Identification Number: 751073518
For plan year (beginning/ending): 01/01/2014 TO 12/31/2014 Plan number: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | FRED ALGER & COMPANY INC | ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES | 0 | 71,338 |
| | FRED ALGER & COMPANY INC | ALGER SMCAP GRTH INST MUTUAL FUND SHARES | 0 | 9,591 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT ALLOCCON INV MUTUAL FUND SHARES | 0 | 306 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT EQTY INC INV MUTUAL FUND SHARES | 0 | 23,849 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT INTL GRTH INV MUTUAL FUND SHARES | 0 | 12,975 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT REALESTATE INV MUTUAL FUND SHARES | 0 | 70,583 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT SMCAP VAL INV MUTUAL FUND SHARES | 0 | 78,025 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT STRAT ALLOC AGRSV INV MUTUAL FUND SHARES | 0 | 84,623 |
| | AMERICAN CENTURY INVESTMENTS | AMERCENT STRAT ALLOC: MOD INV MUTUAL FUND SHARES | 0 | 68,598 |
| | AMERICAN FUNDS | AMERFDS AMER HIGH INC TRUST R4 MUTUAL FUND SHARES | 0 | 16,864 |
| | AMERICAN FUNDS | AMERFDS CAP WORLD GRTH&INC R4 MUTUAL FUND SHARES | 0 | 34,940 |
| | AMERICAN FUNDS | AMERFDS EUROPAC GRTH R4 MUTUAL FUND SHARES | 0 | 32,845 |
| | AMERICAN FUNDS | AMERFDS GRTH FD OF AMERICA R4 MUTUAL FUND SHARES | 0 | 2,453 |
| | AMERICAN FUNDS | AMERFDS SMCAP WORLD R4 MUTUAL FUND SHARES | 0 | 16,239 |
| * | AMERICAN UNITED LIFE INS CO | AUL FIXED ACCOUNT | 0 | 68,909 |
| | AMERITRADE ACCOUNT | BROKERAGE WINDOW | 0 | 240,600 |
| | FIDELITY INVESTMENTS | FIDELITY ADV LEV COMP STOCK A MUTUAL FUND SHARES | 0 | 81,119 |
| | FIDELITY INVESTMENTS | FIDELITY ADV SMCAP T MUTUAL FUND SHARES | 0 | 2,760 |
| | FIDELITY INVESTMENTS | FIDELITY VIP CONTRAFD INIT MUTUAL FUND SHARES | 0 | 124,086 |
| | GOLDMAN SACHS ASSET MANAGEMENT | GOLDMANSACHS MIDCAP VAL INST MUTUAL FUND SHARES | 0 | 89,855 |
| | GOLDMAN SACHS ASSET MANAGEMENT | GOLDMANSACHS SMCAPVAL INST MUTUAL FUND SHARES | 0 | 20,572 |
| | GOLDMAN SACHS ASSET MANAGEMENT | GOLDMANSACHS TOLLKEEPER INST MUTUAL FUND SHARES | 0 | 12,233 |
| | INVESCO | INVESCO ENERGY FD INV MUTUAL FUND SHARES | 0 | 222,201 |
| | INVESCO | INVESCO GLOBAL HEALTH CARE INV MUTUAL FUND SHARES | 0 | 3,842 |
| | INVESCO | INVESCO MIDCAP GRTH R5 MUTUAL FUND SHARES | 0 | 858 |
| | JANUS CAPITAL GROUP INC | JANUS ASP FLEXIBLE BOND INST MUTUAL FUND SHARES | 0 | 121,781 |
| | PARTICIPANTS | LOANS 3.25% TO 3.25% | 0 | 198,660 |
| | LORD ABBETT FUNDS | LORD ABBETT DEV GRTH P MUTUAL FUND SHARES | 0 | 132,371 |
| | LORD ABBETT FUNDS | LORD ABBETT VAL OPS A MUTUAL FUND SHARES | 0 | 42 |
| | MFS INVESTMENT MANAGEMENT | MFS UTILITIES R3 MUTUAL FUND SHARES | 0 | 54,098 |
| * | ONEAMERICA FUNDS INC. | ONEAMERICA ASSET DIRECTOR O MUTUAL FUND SHARES | 0 | 175,523 |
| * | ONEAMERICA FUNDS INC. | ONEAMERICA INV GRADE BOND O MUTUAL FUND SHARES | 0 | 10,129 |
| * | ONEAMERICA FUNDS INC. | ONEAMERICA MONEY MKT O MUTUAL FUND SHARES | 0 | 356,916 |
| * | ONEAMERICA FUNDS INC. | ONEAMERICA VAL O MUTUAL FUND SHARES | 0 | 34,652 |
| | OPPENHEIMER FUNDS INC. | OPPENHEIMER GOLD & SPCL MIN A MUTUAL FUND SHARES | 0 | 3,914 |
| | PARNASSUS | PARNASSUS MIDCAP NL MUTUAL FUND SHARES | 0 | 8,531 |
| | PIMCO | PIMCO TOTAL RETURN ADM MUTUAL FUND SHARES | 0 | 25,308 |
| | PRUDENTIAL INVESTMENTS | PRUDENTIAL JENN HEALTH SCI Z MUTUAL FUND SHARES | 0 | 79,890 |
| | RUSSELL INVESTMENT COMPANY | RUSSELL US SMCAP EQTY FD S MUTUAL FUND SHARES | 0 | 952 |

| | | | | | |
|---|---|---|---|---|---|
| | STATE STREET GLOBAL ADVISORS | SSGA S&P 500 INDX F MUTUAL FUND SHARES | 0 | 113,537 |
| | THORNBURG INVESTMENT MANAGEMENT | THORNBURG INTL VAL R5 MUTUAL FUND SHARES | 0 | 24,250 |
| | THORNBURG INVESTMENT MANAGEMENT | THORNBURG LTD-TERM INC R3 MUTUAL FUND SHARES | 0 | 42,749 |
| | T ROWE PRICE | TROWEPRICE EQTY INC INS MUTUAL FUND SHARES | 0 | 79,431 |
| | T ROWE PRICE | TROWEPRICE GRTH STOCK ADV MUTUAL FUND SHARES | 0 | 122,778 |
| | T ROWE PRICE | TROWEPRICE RET 2015 ADV MUTUAL FUND SHARES | 0 | 30,241 |
| | T ROWE PRICE | TROWEPRICE RET 2020 ADV MUTUAL FUND SHARES | 0 | 9,840 |
| | T ROWE PRICE | TROWEPRICE RET 2025 ADV MUTUAL FUND SHARES | 0 | 40,738 |
| | T ROWE PRICE | TROWEPRICE RET 2030 ADV MUTUAL FUND SHARES | 0 | 93,953 |
| | T ROWE PRICE | TROWEPRICE RET 2035 ADV MUTUAL FUND SHARES | 0 | 25,611 |
| | T ROWE PRICE | TROWEPRICE RET 2045 ADV MUTUAL FUND SHARES | 0 | 54,396 |
| | T ROWE PRICE | TROWEPRICE RET 2045 ADV MUTUAL FUND SHARES | 0 | 10,924 |