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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1976

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

CALLAN ASSOCIATES INC.

600 MONTGOMERY STREET
SUITE 800
SAN FRANCISCO, CA 94111

2b Employer Identification Number (EIN)
94-2192581

2c Sponsor's telephone number
415-974-5060

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	ROSANNA SANGALANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	208
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	211
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	211
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	200
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(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)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALLAN ASSOCIATES INC.

D Employer Identification Number (EIN)
94-2192581

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

CHARLES SCHWAB & CO INC AND AFFILIA

94-1737782

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

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

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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	2102	Yes [X] No [ ]	Yes [X] No [ ]	20	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
CHARLES SCHWAB & CO INC AND AFFILIA	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.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CALLAN ASSOCIATES INC.

D Employer Identification Number (EIN)
94-2192581

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: CALLAN GLIDEPATH 2010

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257765-100	C	2768651

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2015

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257826-101	C	2438623

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2020

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257888-102	C	3180142

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2025

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257911-103	C	5571621

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2030

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257940-104	C	5145524

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2035

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0257981-105	C	6198994

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2040

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE 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)
26-0258007-106	C	3379382

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2045

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE CO.

c EIN-PN 26-0258032-107	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3167083

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2050

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE CO.

c EIN-PN 26-4835363-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 633919

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2055

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE CO.

c EIN-PN 26-4835327-160	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229976

a Name of MTIA, CCT, PSA, or 103-12 IE: CAP GUARDIAN EMRG MKTS EQTY S

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

c EIN-PN 95-6977441-095	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1680986

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2060

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICE CO.

c EIN-PN 46-2086473-172	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 421379

a Name of MTIA, CCT, PSA, or 103-12 IE: MELLON STABLE VALUE FD CL M

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 11-3152987-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6925672

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALLAN ASSOCIATES INC.

D Employer Identification Number (EIN)
94-2192581

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	800000	800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	487952	469356
(9) Value of interest in common/collective trusts	1c(9)	32624342	41741952
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25839443	31623438
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	680736	1408957

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	60432473	76043703
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	60432473	76043703

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)	1375524	
	(B) Participants	2a(1)(B)	2343902	
	(C) Others (including rollovers)	2a(1)(C)	215453	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3934879
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	19810	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19810
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1100432	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1100432
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6187346
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4828604
c Other income	2c		322537
d Total income. Add all **income** amounts in column (b) and enter total	2d		16393608
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	782378	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		782378
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		782378
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15611230
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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		1000000
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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALLAN ASSOCIATES INC.

D Employer Identification Number (EIN)
94-2192581

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): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Callan Associates Inc.
Retirement Savings Plan

Financial Statements as of December 31, 2013 and 2012, and for the Year Ended December 31, 2013, Supplemental Schedule as of December 31, 2013, and Independent Auditors' Report

CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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San Francisco, CA 94105
USA

Tel: +1 415 783 4000
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee and Participants of
Callan Associates Inc. Retirement Savings Plan
San Francisco, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Callan Associates Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Notes 4 and 7, which was certified by Charles Schwab Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the information we did not audit, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013, 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 this supplemental schedule.

Report on Form and Content in Compliance with the Department of Labor's 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 the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte + Touche LLP

October 13, 2014

CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments — at fair value:		
Mutual funds	$31,623,440	$25,839,444
Common/collective trusts	41,741,951	32,624,341
Self directed brokerage accounts	1,408,957	680,736
Total investments — at fair value	74,774,348	59,144,521
Receivables:		
Employer contributions	800,000	800,000
Loans to participants	469,355	487,952
Total receivables	1,269,355	1,287,952
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	76,043,703	60,432,473
ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE STABLE VALUE FUND	(31,247)	(127,675)
NET ASSETS AVAILABLE FOR BENEFITS	$76,012,456	$60,304,798

See notes to financial statements.

CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Interest	$ 203,534
Dividends	1,100,432
Net appreciation in fair value of investments	10,926,881
Other	324,311
Total investment income	12,555,158
Contributions:	
Employer	1,375,524
Employees	2,343,902
Participant rollovers	215,453
Total contributions	3,934,879
Total additions to net assets	16,490,037
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	782,378
Other deductions	1
Total deductions from net assets	782,379
NET INCREASE	15,707,658
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	60,304,798
End of year	$76,012,456

See notes to financial statements.

1. PLAN DESCRIPTION

The following description of the Callan Associates Inc. Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan is a defined contribution plan.

The Plan covers all employees of Callan Associates Inc. (the "Company" or "Callan") who are age 21 or older. An employee shall become an eligible employee for purposes of making salary deferral contributions as of the entry date coinciding with or next following his or her employment commencement date. For purposes of eligibility to receive allocations of employer matching contributions, profit-sharing contributions, or employee forfeitures, an employee shall become an eligible employee upon the entry date coinciding with or next following his or her completion of one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan assets have been held by Charles Schwab Bank. The Plan adopted a three-tiered investment structure that allows for the participant to invest in options including a complete suite of actively managed multi-fund core options managed by Callan; a stable value fund; Callan's GlidePath™ Target Date Funds; a series of low-cost index funds; and a self directed brokerage window. Charles Schwab Bank is referred to as the Trustee. The Trustee has certified the information summarized in Note 7 for the periods for which they acted as the trustee of the Plan. For the years ended December 31, 2013 and 2012, the Plan has paid the Trustee for administrative and related fees of $1 and $(48), respectively.

Contributions — The Plan permits participants to make tax-deferred savings contributions from 1% to 50% of their pretax compensation, thus reducing participants' current taxable income, and/or effective January 1, 2006, the Plan also permits participants to make Roth 401(k) contributions from 1% to 50% of their after-tax compensation. The Roth participants receive no current-year tax savings, but they may withdraw their contributions and earnings tax free at a later date under certain conditions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct their contributions into various investment options offered by the Plan. The Company makes a matching contribution in an amount equal to 25% of the compensation deferrals made for each payroll period on behalf of each eligible participant. Tax-deferred savings contributions of U.S. employees are limited under the Tax Reform Act of 1986 to $17,500 and $17,000 for 2013 and 2012, respectively, as adjusted annually by the Internal Revenue Service (IRS). Effective January 1, 2003, all employees who are eligible to make salary deferral contributions and who have attained, or will attain, age 50 before the close of the Plan year are eligible to make catch-up contributions of up to $5,500 respectively, as adjusted annually by the IRS. The catch-up amount is eligible for employer matching. For any Plan year, the Company may also make a profit-sharing contribution to the Plan in an amount determined by the Company's Board of Directors, at its discretion. The Company made $800,000 in profit-sharing contributions to the Plan in both 2013 and 2012.

Participants' Accounts — Each participant's account is credited with the participant's contribution and allocation of (a) the Company's 25% matching contribution, (b) the profit-sharing contribution,

(c) investment earnings, and (d) forfeitures of terminated participants' nonvested accounts. Allocation of investment earnings is based upon the participants' account balances. Other allocations are based on the participant's eligible compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans — Loans are available to participants subject to certain limitations. At December 31, 2013, 32 participant loans were outstanding. Loans bear interest at rates ranging from 4.05% to 4.65%. The maximum term for loans is five years, except for loans that are used for the purchase of the participant's primary residence, which may have a maximum term of 10 years. Outstanding loan balances are secured by the participant's vested interest in the Plan.

Vesting — Participants are immediately 100% vested in their rollover contributions and voluntary contributions, plus actual earnings thereon. Participants vest in the employer matching and profit-sharing contributions based upon years of service (20% after two years and 20% each year thereafter); a participant is 100% vested after six years of service.

Forfeitures — If a participant in the Plan terminates his or her employment prior to being fully vested in the employer contributions, the unvested portion is forfeited and such forfeitures are used to augment the Company's contributions to the Plan. Forfeited amounts for the years ended December 31, 2013 and 2012, were $19,516 and $12,323, respectively.

Payment of Benefits — Benefits are payable in a single lump-sum cash payment upon termination, withdrawal, disability, death, or retirement; however, participants or their beneficiaries with vested account balances in excess of $5,000, and who have not reached normal retirement age, may elect to defer distribution. Participants who have reached age 59 1/2 and are still employees of the Company may withdraw some or all of their vested benefits from the Plan.

Plan Expenses — The Company pays all general and administrative expenses incurred on behalf of the Plan.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation — The financial statements are prepared using the accrual basis of accounting.

Valuation of Investments — The Plan's investments are stated at fair value. Below is a description of the valuation methodologies used for the fair value measurements.

Mutual Funds — Shares of registered investment companies are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Self Directed Brokerage Accounts — Investments in the Schwab Personal Choice Retirement Accounts, which are self-directed brokerage accounts, are valued at quoted market prices, representing the NAV of the shares or units at year-end.

Common/Collective Trusts — The fair values of investments in common/collective trusts are based on their NAVs reported in the audited financial statements of the common/collective trusts at year-end. Included in Common/Collective Trusts is a stable value fund whose value is stated at fair value and then adjusted to contract value as described below. Fair value of the stable value fund is the NAV of its underlying investments, and contract value is principal plus accrued interest. The stable value fund invests principally in money market funds and other short-term investment vehicles and a guaranteed investment contract, which are intended to maintain a constant NAV. In determining fair value, the

trustee considers such factors as the benefit responsiveness of the investment contract and the ability of the parties to the investment contract to perform in accordance with the terms of the contract. The guaranteed investment contract consists of investments in underlying securities with a wrap contract under which a third-party insurance company guarantees benefit-responsive withdrawals by plan participants at contract value. The fair value of the wrap contracts is determined using a discounting methodology, which incorporates the difference between current market level rates for contract level wrap fees and the wrap fee being charged. The difference is calculated as a dollar value and discounted by the prevailing interpolated yield curve as of year end. Investments in units of underlying funds are valued at their respective NAVs as reported by the funds daily.

Loans to Participants — Loans to participants are recorded at amortized cost, which estimates fair value.

Income Recognition — Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits — Benefits are recorded when paid.

Accounting Estimates — The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risk and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Subsequent Events — No events have occurred after December 31, 2013, but before October 13, 2014, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The accounting guidance for fair value measurements defines fair value, establishes a framework for measuring fair value in accounting principles generally accepted in the United States of America, and requires disclosures about fair value measurements. The guidance prioritizes the inputs for measuring fair value into the following hierarchy:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Inputs other than quoted prices that are observable for the asset or liability

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

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

During the year ended December 31, 2013, there were no transfers of investments between different levels of the fair value hierarchy.

The Plan's investments measured at fair value on a recurring basis at December 31, 2013 and 2012, are as follows:

	Fair Value Measurements at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	$ 3,714,351	$ -	$ -	$ 3,714,351
Equity funds	27,909,089			27,909,089
Total mutual funds	31,623,440	-	-	31,623,440
Common collective trusts:				
Stable value fund		6,925,673		6,925,673
Capital Guardian Emerging Markets Capital		1,680,985		1,680,985
Callan's Glidepath Target Date Funds		33,135,293		33,135,293
Total common collective trusts	-	41,741,951	-	41,741,951
Self directed brokerage accounts:				
Money market funds		229,468		229,468
Common stock	889,169			889,169
Mutual funds	190,464			190,464
Unit investment trusts	99,856			99,856
Total self directed brokerage accounts	1,179,489	229,468	-	1,408,957
Total investments	$32,802,929	$41,971,419	$ -	$74,774,348

	Fair Value Measurements at December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	$ 3,935,625	$ -	$ -	$ 3,935,625
Equity funds	21,903,819			21,903,819
Total mutual funds	25,839,444	-	-	25,839,444
Common collective trusts:				
Stable value fund		5,902,884		5,902,884
Capital Guardian Emerging Markets Capital		1,572,240		1,572,240
Callan's Glidepath Target Date Funds		25,149,217		25,149,217
Total common collective trusts	-	32,624,341	-	32,624,341
Self directed brokerage accounts	680,736			680,736
Total investments	$26,520,180	$32,624,341	$ -	$59,144,521

4. INVESTMENTS (UNAUDITED)

The Plan adopted an investment structure that allows the participant to invest in the options as follows:

Actively Managed Core Options — If a participant selects any of the Actively Managed Core Options, the participant is invested in the underlying funds. Additionally, these Actively Managed Core Options are rebalanced automatically on a 90 day basis to the percentages given below. Selection of individual underlying funds is not allowed.

Actively Managed Core Options	Weight
Callan Growth Equity:	
Vanguard PRIMECAP	50 %
Harbor Capital Appreciation	30
TCW Select Equities	20
Callan Value Equity:	
Dodge & Cox Stock	50
LSV Value Equity	40
Longleaf Partners	10
Callan Small Cap Equity:	
Royce Pennsylvania	25
PIMCO Small Cap StocksPLUS	25
Eagle Small Cap Growth I	25
DFA US Small Cap Value I	25

(Continued)

Actively Managed Core Options	Weight
Callan International Equity:	
First Eagle Overseas	40 %
American Funds EuroPacific Growth	40
DFA International Small Company	20
Callan Emerging Markets Equity:	
DFA Emerging Markets Value	40
Capital Guardian Emerging Markets Equity	40
DFA Emerging Markets Small Cap	20
Callan Core Plus Bond:	
MetWest Total Return Bond	40
PIMCO Total Return Bond	40
Templeton Global Total Return	20
Callan High Yield Bond:	
American Funds High Income	40
Harbor High Yield Bond	40
Aberdeen Global High Income I	20
Stable Value Fund —	
Mellon Stable Value Fund Class M	
Callan's Glidepath™ Target Date Funds:	
Callan Glidepath 2010	
Callan Glidepath 2015	
Callan Glidepath 2020	
Callan Glidepath 2025	
Callan Glidepath 2030	
Callan Glidepath 2035	
Callan Glidepath 2040	
Callan Glidepath 2045	
Callan Glidepath 2050	
Callan Glidepath 2055	
Callan Glidepath 2060	
Low Cost Index Funds:	
Vanguard Total Stock Signal	
Vanguard Total International Stock Signal	
Vanguard Total Bond Market Signal	
Vanguard Inflation Protected Admiral	
Self Directed Brokerage — Self Directed Brokerage Accounts	

(Concluded)

The Plan's investments are held by an asset management-administered trust. Investments representing 5% or more of the Plan's assets are separately identified at December 31, 2013 and 2012, in the following table:

	2013	2012
Callan Glidepath 2025	$5,571,621	$4,340,655
Callan Glidepath 2030	5,145,524	3,860,240
Callan Glidepath 2035	6,198,994	5,139,880
Mellon Stable Value Fund Class M	6,925,673	5,902,884

5. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue contributions at any time and/or to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6. INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by Charles Schwab Trust Co. Charles Schwab Trust Co. received an opinion letter from the IRS, dated May 23, 2008, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code (IRC) and the Plan qualified for exemption from federal income tax. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, which were prepared by the Trustees of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustees that such information is complete and accurate:

- Statements of Net Assets Available for Benefits — total investments at December 31, 2013 and 2012
- Statements of Net Assets Available for Benefits — loans to participants at December 31, 2013 and 2012
- Statements of Changes in Net Assets Available for Benefits — total investment income for the years ended December 31, 2013 and 2012
- Note 3 — All information including fair value of investments except for classification of investments by level
- Note 4 — Investment-related information — investments that represent 5% or more of the Plan's assets
- Supplemental Schedule — Form 5500, Schedule H, Part IV Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2013

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of amounts per the financial statements as of and for the year ended December 31, 2013, to the Plan's 2013 Form 5500:

Statement of net assets available for benefits:	
Net assets available for benefits per the financial statements	$76,012,456
Adjustments from contract value to fair value for fully benefit-responsive investment contracts	31,247
Net assets available for benefits per Form 5500 — at fair value	$76,043,703
Statement of changes in net assets available for benefits:	
Net increase in net assets per the financial statements	$15,707,658
Adjustments from contract value to fair value for fully benefit-responsive investment contracts	(96,428)
Investment income per Form 5500	$15,611,230

* * * * * *

SUPPLEMENTAL SCHEDULE

CALLAN ASSOCIATES INC. RETIREMENT SAVINGS PLAN

Employer Identification Number (EIN): 94-2192581
Plan Number (PN): 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2013

	Description of Asset	Fair Value
	MUTUAL FUNDS:	
	ABERDEEN GLOBAL HIGH INCOME I	$ 269,808
	AMERICAN FD HI INC. TRUST R6	534,908
	DFA EMERGING MARKETS SM CAP	835,439
	DFA EMERGING MARKETS VALUE	1,655,506
	DFA INTL SMALL COMPANY	1,074,507
	DFA US SMALL CAP VALUE PORT	1,296,657
	DODGE & COX STOCK FUND	1,904,100
	EAGLE SMALL CAP GROWTH CL I	1,278,064
	EUROPACIFIC GROWTH R6	2,163,735
	FIRST EAGLE OVERSEAS I	2,096,879
	HARBOR CAPITAL APPRECIATION	2,084,149
	HARBOR HIGH YIELD BOND INSTL	535,970
	LONGLEAF PARTNERS FUND	368,193
	LSV VALUE EQUITY	1,529,479
	METROPOLITAN WEST TTL RTN BD I	1,011,715
	PIMCO SCAP STOCKSPLUS TR INSTL	1,279,266
	PIMCO TOTAL RETURN FUND	1,008,589
	ROYCE PENNSYLVANIA MUTUAL INV	1,281,592
	TCW SELECT EQUITIES FD CL I	1,357,594
	TEMPLETON GLBL TOTL RETURN ADV	515,070
	VANGUARD INFLATION PROTECT ADM	447,542
	VANGUARD PRIMECAP ADMIRAL	3,417,510
	VANGUARD TOT STK MKT IDX SIG	2,556,663
	VANGUARD TOTAL BND MKT IDX SIG	399,338
	VANGUARD TTL INTL STK IDX SIG	721,167
	Total mutual funds	31,623,440
	COMMON COLLECTIVE TRUST FUNDS:	
*	CALLAN GLIDEPATH 2010	2,768,650
*	CALLAN GLIDEPATH 2015	2,438,622
*	CALLAN GLIDEPATH 2020	3,180,142
*	CALLAN GLIDEPATH 2025	5,571,621
*	CALLAN GLIDEPATH 2030	5,145,524
*	CALLAN GLIDEPATH 2035	6,198,994
*	CALLAN GLIDEPATH 2040	3,379,382
*	CALLAN GLIDEPATH 2045	3,167,083
*	CALLAN GLIDEPATH 2050	633,919
*	CALLAN GLIDEPATH 2055	229,976
*	CALLAN GLIDEPATH 2060	421,379
	CAP GUARDIAN EMRG MKTS EQTY S	1,680,986
	MELLON STABLE VALUE FD CL M	6,925,673
	Total common collective trust funds	41,741,951
*	SELF-DIRECTED BROKERAGE ACCOUNT	1,408,957
*	LOANS TO PARTICIPANTS — 32 loans outstanding (with interest rates ranging from 4.05% to 4.65%)	469,355
	TOTAL INVESTMENTS	$75,243,703

* Party in interest, as defined by ERISA.

Callan Associates Inc. Retirement Savings Plan

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information

December 31, 2013

EIN: 94-2192581

Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Aberdeen	51-0368279	Rate of 0.05% of average daily balance of asset(s)
Allianz Funds	33-0457728	Rate of 0.02% of average daily balance of asset(s)
Dodge & Cox	Not Available	Rate of 0.10% of average daily balance of asset(s)
Eagle Funds	59-2385219	Rate of 0.10% of average daily balance of asset(s)
First Eagle	13-3392291	Rate of 0.10% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.15% of average daily balance of asset(s)
Harbor	04-2679462	Range of 0.05 - 0.10% of average daily balance of assets
LSV Fund	23-1707341	Rate of 0.10% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.06% of average daily balance of asset(s)
Royce	52-2343049	Rate of 0.20% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.10% of average daily balance of asset(s)

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Allianz Funds	33-0457728	Rate of 0.35% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
First Eagle	13-3392291	Rate of 0.40% of average daily balance of asset(s)
Mairs & Power	23-2398112	Rate of 0.10% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.04% of average daily balance of asset(s)
Wasatch	87-0319391	Rate of 0.40% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Callan Associates Inc.
NAME OF PLAN: Callan Associates Inc. Retirement Savings Plan
EIN: 94-2192581
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
*	PARTICIPANT LOANS	Loans (4.05% - 4.65%)		469,356
*	CALLAN GLIDEPATH 2010	Common Collective Trust Fund		2,768,651
*	CALLAN GLIDEPATH 2015	Common Collective Trust Fund		2,438,623
*	CALLAN GLIDEPATH 2020	Common Collective Trust Fund		3,180,142
*	CALLAN GLIDEPATH 2025	Common Collective Trust Fund		5,571,621
*	CALLAN GLIDEPATH 2030	Common Collective Trust Fund		5,145,524
*	CALLAN GLIDEPATH 2035	Common Collective Trust Fund		6,198,994
*	CALLAN GLIDEPATH 2040	Common Collective Trust Fund		3,379,382
*	CALLAN GLIDEPATH 2045	Common Collective Trust Fund		3,167,083
*	CALLAN GLIDEPATH 2050	Common Collective Trust Fund		633,919
*	CALLAN GLIDEPATH 2055	Common Collective Trust Fund		229,976
*	CALLAN GLIDEPATH 2060	Common Collective Trust Fund		421,379
	CAP GUARDIAN EMRG MKTS EQTY S	Common Collective Trust Fund		1,680,986
	MELLON STABLE VALUE FD CL M	Common Collective Trust Fund		6,925,672
*	PCRA	Self-Directed Brokerage Account		1,408,957
	ABERDEEN GLOBAL HIGH INCOME I	Registered Investment Company		269,808
	AMERICAN FD HI INC TRUST R6	Registered Investment Company		534,908
	DFA EMERGING MARKETS SM CAP	Registered Investment Company		835,438
	DFA EMERGING MARKETS VALUE	Registered Investment Company		1,655,506
	DFA INTL SMALL COMPANY	Registered Investment Company		1,074,507
	DFA US SMALL CAP VALUE PORT	Registered Investment Company		1,296,657
	DODGE & COX STOCK FUND	Registered Investment Company		1,904,100
	EAGLE SMALL CAP GROWTH CL I	Registered Investment Company		1,278,064
	EUROPACIFIC GROWTH R6	Registered Investment Company		2,163,735
	FIRST EAGLE OVERSEAS I	Registered Investment Company		2,096,879
	HARBOR CAPITAL APPRECIATION	Registered Investment Company		2,084,148
	HARBOR HIGH YIELD BOND INSTL	Registered Investment Company		535,970
	LONGLEAF PARTNERS FUND	Registered Investment Company		368,193
	LSV VALUE EQUITY	Registered Investment Company		1,529,478
	METROPOLITAN WEST TTL RTN BD I	Registered Investment Company		1,011,715

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Callan Associates Inc.
NAME OF PLAN: Callan Associates Inc. Retirement Savings Plan
EIN: 94-2192581
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
	PIMCO SCAP STOCKSPLUS AR INSTL	Registered Investment Company		1,279,266
	PIMCO TOTAL RETURN FUND	Registered Investment Company		1,008,589
	ROYCE PENNSYLVANIA MUTUAL INV	Registered Investment Company		1,281,592
	TCW SELECT EQUITIES FD CL I	Registered Investment Company		1,357,593
	TEMPLETON GLBL TOTL RETURN ADV	Registered Investment Company		515,070
	VANGUARD INFLATION PROTECT ADM	Registered Investment Company		447,542
	VANGUARD PRIMECAP ADMIRAL	Registered Investment Company		3,417,511
	VANGUARD TOT STK MKT IDX SIG	Registered Investment Company		2,556,664
	VANGUARD TTL BOND MKT IDX SIG	Registered Investment Company		399,338
	VANGUARD TTL INTL STK IDX SIG	Registered Investment Company		721,167

* Party in interest