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
JAMISON SERVICES INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

JAMISON SERVICES INC

3424 WILSHIRE BLVD STE 1200
LOS ANGELES, CA 90010

3424 WILSHIRE BLVD STE 1200
LOS ANGELES, CA 90010

2b Employer Identification Number (EIN)
57-1143223

2c Sponsor's telephone number
213-365-5000

2d Business code (see instructions)
531120

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.	10/14/2014	PAUL KIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	PAUL KIM
	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**	210
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**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	202
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
JAMISON SERVICES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMISON SERVICES INC

D Employer Identification Number (EIN)
57-1143223

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

PAYCHEX SECURITIES CORPORATION

16-1486352

(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)

PAYCHEX, INC.

16-1124166

(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	RECORDKEEPER	1041	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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
PAYCHEX, INC.		

(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.
PAYCHEX, INC. 16-1124166	

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
JAMISON SERVICES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMISON SERVICES INC

D Employer Identification Number (EIN)
57-1143223

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	652797	587200
(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)	15572	56067
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	742841	896825
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1411210	1540092
	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	1411210	1540092

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	98120	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		98120
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	60	
	(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)	1809	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1869
	(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)	33860	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33860
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		137782
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		271631
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141708	
(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)		141708
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)	1041	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1041
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		142749
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		128882
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LEUNG ACCOUNTANCY CORPORATION **(2)** EIN: 20-2016053

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)** [X] 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		141121
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
JAMISON SERVICES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMISON SERVICES INC

D Employer Identification Number (EIN)
57-1143223

Part I Distributions

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

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

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

EIN(s): _____ _____

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):

JAMISON SERVICES, INC.
401(k) Profit Sharing Plan & Trust
Financial Statements and Supplemental Schedule
December 31, 2013 and 2012

LEUNG Accountancy Corporation
75 North Vinedo Avenue
Pasadena, California 91107
USA

Jamison Services, Inc.
401(k) Profit Sharing Plan & Trust
Index to Financial Statements and Supplemental Schedule

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Supplemental Schedules*

Schedule of Assets held for Investment Purposes at End of Year December 31, 2013	14

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted as they are not applicable.

Leung Accountancy Corporation

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Independent Auditors' Report

To the Participants and Administrator of
Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust

We have audited the accompanying financial statements of Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust(the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements 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

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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Jamison Services, Inc. 401(k) Profit Sharing Plan & Trustas of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Pasadena, California
October 6, 2014



Jamison Services Inc 401(K) Profit Sharing Plan & Trust

Statement of Net Assets Available for Benefits
December 31, 2013 and 2012

Assets

	2013	2012
Investments (at fair value) (note 3)	$ 1,484,025	$ 1,395,638
	1,484,025	1,395,638
Receivable		
Company Contributions	Nil	Nil
Participant Contributions	Nil	Nil
Participant Loans	56,067	15,572
Total Receivables	56,067	15,572
Total Assets	1,540,092	1,411,210

Liabilities

Total Liabilities	Nil	Nil
Net Assets Available for Benefits	$ 1,540,092	$ 1,411,210

The accompanying notes are an integral part of these financial statements

Jamison Services Inc 401(K) Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Additions to Net Assets Attributed to:	2013
Investment Income	
Interest	$ 60
Dividend	33,860
Net Appreciation (Depreciation) in Fair Value of Investments	137,782
	171,702
Less Investment Expenses	
	171,702
Interest Income on Notes Receivable from Participants	1,809
	173,511
Contributions	
Employer	Nil
Participants	98,120
Rollover	Nil
	98,120
Total Additions	271,631
Deductions From Net Assets Attributed to:	
Benefits Paid to Participants	141,708
Administrative Expenses and Others	1,041
Total Deductions	142,749
Net Increase in Assets Available for Plan Benefits	128,882
Net Assets Available for Plan Benefits, Beginning	1,411,210
Net Assets Available for Plan Benefits, Ending	$ 1,540,092

The accompanying notes are an integral part of these financial statements

Jamison Services, Inc.
401(k) Profit Sharing Plan & Trust
Notes to Financial Statements

1. Description of the Plan

The following description of the Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The sponsor of the Plan is Jamison Services, Inc. (the "Company").

General

Effective January 1, 2007, the Company established the Plan for eligible employees of the Company. Employees of the Company are eligible to participate in the Plan immediately following the date the employee completes 12 months of service.

The Plan is a defined contribution plan covering all full-time employees of the Company with the exception of any employee (1) who is covered by a collective bargaining agreement unless the bargaining agreement provides for coverage, or (2) who is a non-resident alien who does not receive any earned income. The Plan is subject to the provisions of the Employee retirement Income security Act of 1974 ("ERISA").

The Plan has entered into a group fixed fund contract with The Trust Company that provides fixed income accounts and registered investment companies for participants of the Plan. The Trust Company maintains the Plan's assets in these fund accounts, which are credited with actual earnings on the underlying investments and charged for Plan withdrawals.

Contributions

Participants may make voluntary contributions in the form of salary deferrals up to 96 percent of the participant's eligible compensation, subject to the annual maximum amount imposed by the Internal Revenue Service. The Company may at its discretion make employer profit sharing contribution as well as qualified non-elective contributions, as defined in the Plan agreement.

Participant Accounts

Each Participant's account is credited with the participant's and Company contributions and an allocation of Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

1. Description of the Plan, continued

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 100 percent vested after six years of credited service during which an employee completes not less than 1,000 hours of service with the Company. There was zero amount forfeited in 2013. Any forfeiture will be used to reduce the Company's matching contribution in future years.

Payment of Benefits

On termination of service, participants are to receive lump-sum amounts equal to the value of their accounts when the account balances are $1,000 or less, and have options to receive lump-sum amounts or in installments when the account balances are more than $1,000.

Date of Management's Review

Subsequent events were evaluated through October 6, 2014, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits are recorded when paid.

Valuation of Investments

The Plan's investment in the Fixed Income Fund is valued at contract value plus accrued interest, which approximates fair value. The Plan's investments in the registered investment companies are valued at fair value as reported to the Plan by The Trust Company. Participant notes receivable are valued at cost, which approximates fair value. The Plan presents, in the statement of change in net assets available for benefits with fund information, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains or losses and the unrealized appreciation (depreciation) of those investments.

2. Summary of Significant Accounting Policies, continued

Contributions

Participant contributions are recorded in the period during which the Company makes payroll deductions from the Plan participants' earnings. Company contributions are recorded based upon the required Company matching levels as defined in the Plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the administrator and trustee to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at December 31, 2013 and the reported amounts of additions to and deductions from net assets for the year then ended. Actual results may differ from those estimates.

Basis of Accounting

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

3. Investments

Investments are held in custodial capacity by The Trust Company, the trustee of the plan. Individual Plan participants direct the transactions that take place in their accounts. Participants may direct contributions to the Fixed Income Fund or toward the purchase of shares at net asset value of the annuity funds as listed below. Allocations of gains (losses) are at the individual contract level.

During the year ended December 31, 2013, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciation) in value by $173,511 as follows:

Mutual funds	$ 171,702
Participant Loans	1,809
	$ 173,511

Jamison Services Inc 401(K) Profit Sharing Plan & Trust
Notes to Financial Statements

3. Investments, continued

This is a summary of unaudited information included in the Plan's financial statements which was prepared by The Trust Company, the Plan's Trustee and was furnished to the Plan administrator.

Participant-Directed Funds	Additions to Net Assets Attributable to Net Appreciation (Depreciation) in Fair Value of Investments	Contributions and Other Transfer	Total Additions	Expenses/ Benefits Paid to Participants	Net Increase Before Interfund Transfers	Interfund Transfers/ Loans	Net Change	Net Assets Available for Benefits Beginning of 2013	End of 2013	
FA Balanced	25,064	8,269	33,333	(31,287)	2,046	(2,027)	19.00	140,392	140,411	*
FA Small Capital	21,004	2,527	23,531	(5,676)	17,855	15,289	33,144.00	53,564	86,708	*
FA Growth Opportunity	29,842	8,501	38,343	(12,235)	26,108	14,282	40,390.00	82,178	122,568	*
FA Intermediate Bond	(208)	9,691	9,483	(5,157)	4,326	(1)	4,325.00	59,342	63,667	
FA Dividend Growth	23,438	4,092	27,530	(3,402)	24,128	19,170	43,298.00	68,453	111,751	*
FA Strategic Income	(2)	3,396	3,394	(6,981)	(3,587)	(2,075)	(5,662.00)	45,717	40,055	
FA Government Income	(610)	808	198	(8,233)	(8,035)	0	(8,035.00)	24,033	15,998	
FA Overseas	12,964	4,129	17,093	(12,514)	4,579	(2,536)	2,043.00	51,123	53,166	
FA Equity Growth	19,032	4,146	23,178	(2,066)	21,112	(2,359)	18,753.00	53,692	72,445	
FA Equity Income	11,049	3,188	14,237	(16,417)	(2,180)	(2,627)	(4,807.00)	47,331	42,524	
FA Mid Cap	20,085	2,154	22,239	(3,638)	18,601	(346)	18,255.00	58,161	76,416	
FDL Prime Daily Money Market	65	42,903	42,968	(30,523)	12,445	(78,042)	(65,597.00)	652,797	587,200	*
FA Freedom 2005	54	50	104	(777)	(673)	1	(672.00)	1,232	560	
FA Freedom 2010	60	40	100	(593)	(493)	(1)	(494.00)	958	464	
FA Freedom 2015	51	30	81	(553)	(472)	(10)	(482.00)	833	351	
FA Freedom 2020	43	30	73	(161)	(88)	0	(88.00)	446	358	
FA Freedom 2025	190	30	220	(12)	208	(1)	207.00	1,212	1,419	
FA Freedom 2030	53	30	83	(20)	63	0	63.00	313	376	
FA Freedom 2035	82	40	122	(8)	114	(1)	113.00	402	515	
FA Freedom 2040	8,928	750	9,678	(8)	9,670	0	9,670.00	44,416	54,086	
FA Freedom Income	342	1,290	1,632	(1,064)	568	0	568.00	8,812	9,380	
FA Freedom 2045	43	20	63	(8)	55	(1)	54.00	206	260	
FA Freedom 2050	1	0	1	(27)	(26)	1	(25.00)	25	0	
FA Strategic Dividend & Income	133	2,008	2,141	0	2,141	1,206	3,347.00	0	3,347	
Participant Loan	1,809	0	1,809	(1,377)	432	40,063	40,495.00	15,572	56,067	
	173,512	98,122	271,634	(142,737)	128,897	(15)	128,882	1,411,210	1,540,092	

* Represents investments that exceeded 5% of net assets available for benefit

4. Fair Value Measurements

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair values as of December 31, 2013 and 2012:

	Fair Value	Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2013			
Money Market	$ 587,200	$ 587,200	$ ---
Mutual Funds	896,825	896,825	---
Participant Loans	56,067	---	56,067
Total	$ 1,540,092	$ 1,484,025	$ 56,067
December 31, 2012			
Money Market	$ 652,797	$ 652,797	$ ---
Mutual Funds	742,841	742,841	---
Participant Loans	15,572	---	15,572
Total	$ 1,411,210	$ 1,395,638	$ 15,572

The fair value measurement accounting literature establishes a 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, 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 these inputs provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

4. Fair Value Measurements, continued

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer and discount rates in a range.

For those assets with fair value measured using Level 3 inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed investment contract with insurance company for the years ended December 31, 2013 and 2012:

	Participant Loans	Total
December 31, 2013		
Beginning balance	$ 15,572	$ 15,572
Total gains or loss(realized and unrealized) included in changes in net assets available for benefits	1,809	1,809
Purchases, sales, issuances, and settlements (net)	38,686	38,686
Ending Balance	$ 56,067	$ 56,067
December 31, 2012		
Beginning balance	$ 16,948	$ 16,948
Total gains or loss(realized and unrealized) included in changes in net assets available for benefits	775	775
Purchases, sales, issuances, and settlements (net)	(2,151)	(2,151)
Ending Balance	$ 15,572	$ 15,572

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2013, are reported in net appreciation in fair value of investments and interest income and net appreciation (depreciation) in fair value of investments

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31. 2013, there were no significant transfers into or out of Level 3.

5. Participant Notes Receivable

Under the terms of the Plan, participants may borrow from their vested balances, subject to certain limitations as set forth in the Plan and the Internal Revenue Code. The amounts borrowed carry fixed interest rates which are based on interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Loans are payable in full upon the participant's termination of employment from the Company. There were four employee loans granted during the year ended December 31, 2013.

6. Plan Termination

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

7. Income Tax Status

The Company has received a favorable determination letter from the Internal Revenue Service dated March 31, 2008 that the Plan qualifies under Section 401(a) of the Internal Revenue Code ("IRC"). The Company is of the opinion that the Plan is currently being operated in compliance with the applicable requirements of the IRC and that the trust, which forms a part of the Plan, is tax exempt. Accordingly, no provision for state or federal income taxes has been provided.

8. Related Party Transactions

Certain Plan investments are in units of participation in registered investment companies and a fixed income offered by the Plan trustee, and therefore, these transactions qualify as party-in-interest. Any purchases and sales of these funds are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transaction under ERISA.

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10. Payment of Benefits

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11. Operating Expenses

Certain costs associated with the formation and certain administration of the Plan are borne by the Company. During 2013, $1,041 of administrative expenses and others was paid by the plan. Indirect compensation, including commission and fees were also being assessed.

SUPPLEMENTAL SCHEDULE

Jamison Services Inc 401(K) Profit Sharing Plan & Trust
Employer Identification Number: 57-1143223
Plan Number: 001
Schedule of Assets Held for Investment Purpose at End of Year**
December 31, 2013
(Unaudited)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Investment, Collateral, Par, or Maturity Value	(d)	(e) Current Value
*	Fidelity Investment Funds	FA Balanced	**	$ 140,411
*	Fidelity Investment Funds	FA Small Capital	**	86,708
*	Fidelity Investment Funds	FA Growth Opportunity	**	122,568
*	Fidelity Investment Funds	FA Intermediate Bond		63,667
*	Fidelity Investment Funds	FA Dividend Growth	**	111,751
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*	Fidelity Investment Funds	FA Freedom 2005		560
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*	Fidelity Investment Funds	FA Strategic Dividend & Income		3,347
*	Participant Loan	Participant Loan		56,067
				$1,540,092

* | Party-in-interest for which a statutory exemption exists
** | Item with balance over 5% of the total investment
*** | Under ERISA, an asset held for investment purpose is any asset held by the Plan on the last day of the Plan's fiscal year or acquired at any time during the Plan's fiscal year and disposed of at any time before the last day of the Plan's fiscal year, with certain exceptions.

This schedule was prepared from information by The Trust Company

JAMISON SERVICES, INC.
401(k) Profit Sharing Plan & Trust
Financial Statements and Supplemental Schedule
December 31, 2013 and 2012

LEUNG Accountancy Corporation
75 North Vinedo Avenue
Pasadena, California 91107
USA

Jamison Services, Inc.
401(k) Profit Sharing Plan & Trust
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Supplemental Schedules*

Schedule of Assets held for Investment Purposes at End of Year December 31, 2013	14

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted as they are not applicable.

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Independent Auditors' Report

To the Participants and Administrator of
Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust

We have audited the accompanying financial statements of Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust(the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements 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

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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Jamison Services, Inc. 401(k) Profit Sharing Plan & Trustas of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the year ended December 31, 2013, in accordance with accounting principles generally accepted in the United States of America.

Pasadena, California
October 6, 2014



Jamison Services Inc 401(K) Profit Sharing Plan & Trust

Statement of Net Assets Available for Benefits
December 31, 2013 and 2012

Assets

	2013	2012
Investments (at fair value) (note 3)	$ 1,484,025	$ 1,395,638
	1,484,025	1,395,638
Receivable		
Company Contributions	Nil	Nil
Participant Contributions	Nil	Nil
Participant Loans	56,067	15,572
Total Receivables	56,067	15,572
Total Assets	1,540,092	1,411,210

Liabilities

Total Liabilities	Nil	Nil
Net Assets Available for Benefits	$ 1,540,092	$ 1,411,210

The accompanying notes are an integral part of these financial statements

Jamison Services Inc 401(K) Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Additions to Net Assets Attributed to:	2013
Investment Income	
Interest	$ 60
Dividend	33,860
Net Appreciation (Depreciation) in Fair Value of Investments	137,782
	171,702
Less Investment Expenses	
	171,702
Interest Income on Notes Receivable from Participants	1,809
	173,511
Contributions	
Employer	Nil
Participants	98,120
Rollover	Nil
	98,120
Total Additions	271,631
Deductions From Net Assets Attributed to:	
Benefits Paid to Participants	141,708
Administrative Expenses and Others	1,041
Total Deductions	142,749
Net Increase in Assets Available for Plan Benefits	128,882
Net Assets Available for Plan Benefits, Beginning	1,411,210
Net Assets Available for Plan Benefits, Ending	$ 1,540,092

The accompanying notes are an integral part of these financial statements

Jamison Services, Inc.
401(k) Profit Sharing Plan & Trust
Notes to Financial Statements

1. Description of the Plan

The following description of the Jamison Services, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The sponsor of the Plan is Jamison Services, Inc. (the "Company").

General

Effective January 1, 2007, the Company established the Plan for eligible employees of the Company. Employees of the Company are eligible to participate in the Plan immediately following the date the employee completes 12 months of service.

The Plan is a defined contribution plan covering all full-time employees of the Company with the exception of any employee (1) who is covered by a collective bargaining agreement unless the bargaining agreement provides for coverage, or (2) who is a non-resident alien who does not receive any earned income. The Plan is subject to the provisions of the Employee retirement Income security Act of 1974 ("ERISA").

The Plan has entered into a group fixed fund contract with The Trust Company that provides fixed income accounts and registered investment companies for participants of the Plan. The Trust Company maintains the Plan's assets in these fund accounts, which are credited with actual earnings on the underlying investments and charged for Plan withdrawals.

Contributions

Participants may make voluntary contributions in the form of salary deferrals up to 96 percent of the participant's eligible compensation, subject to the annual maximum amount imposed by the Internal Revenue Service. The Company may at its discretion make employer profit sharing contribution as well as qualified non-elective contributions, as defined in the Plan agreement.

Participant Accounts

Each Participant's account is credited with the participant's and Company contributions and an allocation of Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

1. Description of the Plan, continued

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 100 percent vested after six years of credited service during which an employee completes not less than 1,000 hours of service with the Company. There was zero amount forfeited in 2013. Any forfeiture will be used to reduce the Company's matching contribution in future years.

Payment of Benefits

On termination of service, participants are to receive lump-sum amounts equal to the value of their accounts when the account balances are $1,000 or less, and have options to receive lump-sum amounts or in installments when the account balances are more than $1,000.

Date of Management's Review

Subsequent events were evaluated through October 6, 2014, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits are recorded when paid.

Valuation of Investments

The Plan's investment in the Fixed Income Fund is valued at contract value plus accrued interest, which approximates fair value. The Plan's investments in the registered investment companies are valued at fair value as reported to the Plan by The Trust Company. Participant notes receivable are valued at cost, which approximates fair value. The Plan presents, in the statement of change in net assets available for benefits with fund information, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains or losses and the unrealized appreciation (depreciation) of those investments.

2. Summary of Significant Accounting Policies, continued

Contributions

Participant contributions are recorded in the period during which the Company makes payroll deductions from the Plan participants' earnings. Company contributions are recorded based upon the required Company matching levels as defined in the Plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the administrator and trustee to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at December 31, 2013 and the reported amounts of additions to and deductions from net assets for the year then ended. Actual results may differ from those estimates.

Basis of Accounting

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

3. Investments

Investments are held in custodial capacity by The Trust Company, the trustee of the plan. Individual Plan participants direct the transactions that take place in their accounts. Participants may direct contributions to the Fixed Income Fund or toward the purchase of shares at net asset value of the annuity funds as listed below. Allocations of gains (losses) are at the individual contract level.

During the year ended December 31, 2013, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciation) in value by $173,511 as follows:

Mutual funds	$ 171,702
Participant Loans	1,809
	$ 173,511

Jamison Services Inc 401(K) Profit Sharing Plan & Trust
Notes to Financial Statements

3. Investments, continued

This is a summary of unaudited information included in the Plan's financial statements which was prepared by The Trust Company, the Plan's Trustee and was furnished to the Plan administrator.

Participant-Directed Funds	Additions to Net Assets Attributable to Net Appreciation (Depreciation) in Fair Value of Investments	Contributions and Other Transfer	Total Additions	Expenses/ Benefits Paid to Participants	Net Increase Before Interfund Transfers	Interfund Transfers/ Loans	Net Change	Net Assets Available for Benefits Beginning of 2013	End of 2013	
FA Balanced	25,064	8,269	33,333	(31,287)	2,046	(2,027)	19.00	140,392	140,411	*
FA Small Capital	21,004	2,527	23,531	(5,676)	17,855	15,289	33,144.00	53,564	86,708	*
FA Growth Opportunity	29,842	8,501	38,343	(12,235)	26,108	14,282	40,390.00	82,178	122,568	*
FA Intermediate Bond	(208)	9,691	9,483	(5,157)	4,326	(1)	4,325.00	59,342	63,667	
FA Dividend Growth	23,438	4,092	27,530	(3,402)	24,128	19,170	43,298.00	68,453	111,751	*
FA Strategic Income	(2)	3,396	3,394	(6,981)	(3,587)	(2,075)	(5,662.00)	45,717	40,055	
FA Government Income	(610)	808	198	(8,233)	(8,035)	0	(8,035.00)	24,033	15,998	
FA Overseas	12,964	4,129	17,093	(12,514)	4,579	(2,536)	2,043.00	51,123	53,166	
FA Equity Growth	19,032	4,146	23,178	(2,066)	21,112	(2,359)	18,753.00	53,692	72,445	
FA Equity Income	11,049	3,188	14,237	(16,417)	(2,180)	(2,627)	(4,807.00)	47,331	42,524	
FA Mid Cap	20,085	2,154	22,239	(3,638)	18,601	(346)	18,255.00	58,161	76,416	
FDL Prime Daily Money Market	65	42,903	42,968	(30,523)	12,445	(78,042)	(65,597.00)	652,797	587,200	*
FA Freedom 2005	54	50	104	(777)	(673)	1	(672.00)	1,232	560	
FA Freedom 2010	60	40	100	(593)	(493)	(1)	(494.00)	958	464	
FA Freedom 2015	51	30	81	(553)	(472)	(10)	(482.00)	833	351	
FA Freedom 2020	43	30	73	(161)	(88)	0	(88.00)	446	358	
FA Freedom 2025	190	30	220	(12)	208	(1)	207.00	1,212	1,419	
FA Freedom 2030	53	30	83	(20)	63	0	63.00	313	376	
FA Freedom 2035	82	40	122	(8)	114	(1)	113.00	402	515	
FA Freedom 2040	8,928	750	9,678	(8)	9,670	0	9,670.00	44,416	54,086	
FA Freedom Income	342	1,290	1,632	(1,064)	568	0	568.00	8,812	9,380	
FA Freedom 2045	43	20	63	(8)	55	(1)	54.00	206	260	
FA Freedom 2050	1	0	1	(27)	(26)	1	(25.00)	25	0	
FA Strategic Dividend & Income	133	2,008	2,141	0	2,141	1,206	3,347.00	0	3,347	
Participant Loan	1,809	0	1,809	(1,377)	432	40,063	40,495.00	15,572	56,067	
	173,512	98,122	271,634	(142,737)	128,897	(15)	128,882	1,411,210	1,540,092	

* Represents investments that exceeded 5% of net assets available for benefit

4. Fair Value Measurements

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair values as of December 31, 2013 and 2012:

	Fair Value	Fair Value Measurements Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2013			
Money Market	$ 587,200	$ 587,200	$ ---
Mutual Funds	896,825	896,825	---
Participant Loans	56,067	---	56,067
Total	$ 1,540,092	$ 1,484,025	$ 56,067
December 31, 2012			
Money Market	$ 652,797	$ 652,797	$ ---
Mutual Funds	742,841	742,841	---
Participant Loans	15,572	---	15,572
Total	$ 1,411,210	$ 1,395,638	$ 15,572

The fair value measurement accounting literature establishes a 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, 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 these inputs provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

4. Fair Value Measurements, continued

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer and discount rates in a range.

For those assets with fair value measured using Level 3 inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed investment contract with insurance company for the years ended December 31, 2013 and 2012:

	Participant Loans	Total
December 31, 2013		
Beginning balance	$ 15,572	$ 15,572
Total gains or loss(realized and unrealized) included in changes in net assets available for benefits	1,809	1,809
Purchases, sales, issuances, and settlements (net)	38,686	38,686
Ending Balance	$ 56,067	$ 56,067
December 31, 2012		
Beginning balance	$ 16,948	$ 16,948
Total gains or loss(realized and unrealized) included in changes in net assets available for benefits	775	775
Purchases, sales, issuances, and settlements (net)	(2,151)	(2,151)
Ending Balance	$ 15,572	$ 15,572

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2013, are reported in net appreciation in fair value of investments and interest income and net appreciation (depreciation) in fair value of investments

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31. 2013, there were no significant transfers into or out of Level 3.

5. Participant Notes Receivable

Under the terms of the Plan, participants may borrow from their vested balances, subject to certain limitations as set forth in the Plan and the Internal Revenue Code. The amounts borrowed carry fixed interest rates which are based on interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Loans are payable in full upon the participant's termination of employment from the Company. There were four employee loans granted during the year ended December 31, 2013.

6. Plan Termination

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

7. Income Tax Status

The Company has received a favorable determination letter from the Internal Revenue Service dated March 31, 2008 that the Plan qualifies under Section 401(a) of the Internal Revenue Code ("IRC"). The Company is of the opinion that the Plan is currently being operated in compliance with the applicable requirements of the IRC and that the trust, which forms a part of the Plan, is tax exempt. Accordingly, no provision for state or federal income taxes has been provided.

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(Unaudited)

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