

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ROBERT SILMAN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1980</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1980</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1980</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.</u> <u>32 OLD SLIP</u> <u>10TH FL</u> <u>NEW YORK, NY 10005</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-2804089</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-620-7970</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-2804089</u>	2c Sponsor's telephone number <u>212-620-7970</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>13-2804089</u>					
2c Sponsor's telephone number <u>212-620-7970</u>					
2d Business code (see instructions) <u>541330</u>					

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.	04/07/2015	JOHN MCCUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2015	JOHN MCCUE
	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 ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	174
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	138
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	52
d Subtotal. Add lines 6a , 6b , and 6c		6d	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	190
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
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 2R 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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>ROBERT SILMAN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.</u>	D Employer Identification Number (EIN) <u>13-2804089</u>

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)..... ☒ 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
UBS FINANCIAL SERVICES INC.

13-2638166

(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)

USB FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 54 71 63 99	INVESTMENT	124627	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>		
A Name of plan <u>ROBERT SILMAN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.</u>	D Employer Identification Number (EIN) <u>13-2804089</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	195000	195000
	(2) Participant contributions.....	1b(2)	44958	36870
	(3) Other.....	1b(3)	2935	4353
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1281507	1402613
	(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)	967615	526281
	(B) Common.....	1c(4)(B)	2979085	4771742
	(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)	266076	315808
	(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)	3867206	4386437
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	9604382	11639104

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	35	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9604347	11639104
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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)	195000	
(B) Participants	2a(1)(B)	934752	
(C) Others (including rollovers)	2a(1)(C)	11362	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1141114
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)	14037	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14037
(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)	306875	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		306875
(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)		1140253
c Other income	2c		3915
d Total income. Add all income amounts in column (b) and enter total	2d		2606194

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	445236	
(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)		445236
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)	124627	
(4) Other	2i(4)	1574	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		126201
j Total expenses. Add all expense amounts in column (b) and enter total	2j		571437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2034757
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: GRASSI & COMPANY

(2) EIN: 11-3266576

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:

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.)

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.)

	Yes	No	Amount
4a	X		1198148
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 ROBERT SILMAN ASSOCIATES, P.C. 401(k)	6b Trust's EIN 133874463
--	------------------------------------

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014					
A Name of plan ROBERT SILMAN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT SILMAN ASSOCIATES STRUCTURAL ENGINEERS, D.P.C.				D Employer Identification Number (EIN) 13-2804089	
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): 13-3874463 36-3865716					
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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

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): _____

**ROBERT SILMAN ASSOCIATES, P.C.
401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

JUNE 30, 2014

ROBERT SILMAN ASSOCIATES, P.C.
401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Robert Silman Associates, P.C.
401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Robert Silman Associates, P.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits at June 30, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended June 30, 2014, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our 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 of 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 entity'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 entity'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 Robert Silman Associates, P.C. 401(k) Profit Sharing Plan at June 30, 2014 and 2013, and the changes in its net assets available for benefits for the year ended June 30, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Delinquent Participant Contributions for the year ended June 30, 2014 and Schedule of Assets (Held at End of Year) at June 30, 2014, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Grassi & Co., CPAs, P.C.

GRASSI & CO., CPAs, P.C.

Jericho, New York
January 28, 2015

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value	\$ 11,087,073	\$ 9,095,413
RECEIVABLES:		
Employer contributions	195,000	195,000
Participants' contributions	36,870	44,958
Rollover contributions	4,353	2,935
Notes receivable from participants	<u>315,808</u>	<u>266,076</u>
Total Receivables	552,031	508,969
Total Assets	<u>11,639,104</u>	<u>9,604,382</u>
LIABILITIES:		
Other payables	<u>-</u>	<u>35</u>
Net assets reflecting investments at fair value	<u>11,639,104</u>	<u>9,604,347</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,639,104</u>	<u>\$ 9,604,347</u>

The accompanying notes are an integral part of these financial statements.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2014

ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:

Investment Income:

Net appreciation in fair value of investments	\$ 1,140,253
Interest and dividend income	306,875
Other income	<u>3,915</u>
Total Investment Income	<u>1,451,043</u>

Interest income on notes receivable from participants	<u>14,037</u>
---	---------------

Contributions:

Employer	195,000
Participants	934,752
Rollover	<u>11,362</u>
Total Contributions	<u>1,141,114</u>

Total Additions	<u>2,606,194</u>
-----------------	------------------

DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:

Benefits paid to participants	433,774
Deemed distributions of participant loans	11,462
Administrative expenses	124,627
Other expense	<u>1,574</u>

Total Deductions	<u>571,437</u>
------------------	----------------

NET INCREASE	2,034,757
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>9,604,347</u>
End of year	<u><u>\$ 11,639,104</u></u>

The accompanying notes are an integral part of these financial statements.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 1 - Description of Plan

The following description of the Robert Silman Associates, P.C. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on June 6, 1995 and is a defined contribution profit sharing plan covering all eligible employees. The Plan's sponsor is Robert Silman Associates, P.C. (the "Company" or "Employer" or "Sponsor").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute a percentage of their salary, up to the maximum amount permitted by law. Participants who have attained age 50 before the end of the Plan year, are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants can invest in mutual funds and common stocks with share prices greater than \$10, or have their accounts directed by an investment advisor. Profit sharing amounts may be contributed at the option of the Company's board of trustees and allocated among participants eligible to share in the contribution for the Plan year. Profit sharing contributions are subject to certain limitations.

Additional contributions to the Plan may include the following:

- A discretionary employer profit sharing (non-elective) contribution amount determined each year by the Employer, the "Employer's Non-Elective Contribution."
- A discretionary qualified non-elective contribution solely to correct a failure of non-discrimination testing.
- Contributions to comply with top-heavy minimum contribution requirements.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of the employer's contribution, if any, and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 1 - Description of Plan (cont'd.)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants shall have a vested percentage in their employer contribution accounts according to a graded vesting schedule based on years of service. Participants are 100% vested after six years of service. A participant is 100% vested if termination is due to death, normal retirement or total and permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of 50% of their vested account balance or \$50,000. If a loan was taken in the previous twelve months, the amount of the highest outstanding loan balance is deducted from the amount the participant may borrow. Loans will be subject to interest charges equal to the annual effective prime rate plus 1%.

Loans must normally be repaid within such period as agreed to between the participant and the Plan, up to a maximum of five years. However, if the loan is made for the purchase or construction of a principal place of residence, the repayment period may be up to thirty years. Repayment will normally be made through payroll deductions. Any outstanding loans must be fully repaid when employment terminates. At June 30, 2014, interest rates range from 4.25% to 8.75% per annum, with loans having various maturity dates.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also allows certain withdrawals at age 59½ and hardship withdrawals.

Forfeitures

The nonvested portion of a participant's account is forfeited when employment is terminated. Forfeitures are first applied to pay the administrative expenses of the Plan and then allocated to the other participant accounts. At June 30, 2014 and 2013, forfeited nonvested accounts totaled \$0. During the year ended June 30, 2014, administrative expenses were reduced by \$6,886 of forfeited nonvested accounts.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of 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 changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income on notes receivable from participants is recognized on the accrual basis. There are no related fees or costs associated with notes receivable from participants.

Administrative Expenses

Administrative expenses are paid by the participants and charged to each participant's account. For the year ended June 30, 2014, participants paid \$124,627 in investment advisory and management fees to UBS Financial Services, Inc., a related party.

Payment of Benefits

Benefits are recorded when paid.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 3 - Investments

The following presents investments that represent 5% or more of total assets available for Plan benefits at June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Apple Inc.	\$ 585,459	\$ *

* Investment was not greater than 5% at June 30, 2013.

The Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$1,140,253 for the year ended June 30, 2014, as reflected on the statement of changes in net assets available for benefits.

Note 4 - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2014 and 2013.

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 4 - Fair Value Measurements (cont'd.)

The Level 1 inputs relate to common and preferred stocks that are valued at the closing price reported on the active market on which the individual securities are traded, and mutual funds whose underlying assets are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30, 2014 and 2013:

	<u>Assets at Fair Value at June 30, 2014</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,402,613	\$ -	\$ -	\$ 1,402,613
Common stock:				
Communications	88,871	-	-	88,871
Consumer goods	1,338,702	-	-	1,338,702
Energy	1,070,053	-	-	1,070,053
Financial	783,074	-	-	783,074
Growth	24,488	-	-	24,488
Industrial goods	669,625	-	-	669,625
Technology	807,238	-	-	807,238
Utility	14,031	-	-	14,031
Others	144	-	-	144
Total common stock	<u>4,796,226</u>	<u>-</u>	<u>-</u>	<u>4,796,226</u>
Preferred stock:				
Fixed income	<u>613,667</u>	<u>-</u>	<u>-</u>	<u>613,667</u>
Mutual funds:				
Aggregate	765,067	-	-	765,067
Aggressive	66,599	-	-	66,599
Blend	1,162,152	-	-	1,162,152
Conservative	17,719	-	-	17,719
Corporate	304,934	-	-	304,934
Emerging markets	118,090	-	-	118,090
Event driven	34,067	-	-	34,067
Government	471,445	-	-	471,445
Growth	418,643	-	-	418,643
Moderate	9,660	-	-	9,660
Municipal	344,108	-	-	344,108
Precious metals	5,492	-	-	5,492
Value	466,446	-	-	466,446
Other	90,145	-	-	90,145
Total mutual funds	<u>4,274,567</u>	<u>-</u>	<u>-</u>	<u>4,274,567</u>
Total Assets at Fair Value	<u>\$ 11,087,073</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,087,073</u>

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 4 - Fair Value Measurements (cont'd.)

	<u>Assets at Fair Value at June 30, 2013</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,281,507	\$ -	\$ -	\$ 1,281,507
Common stock:				
Communications	101,856	-	-	101,856
Consumer goods	746,014	-	-	746,014
Energy	674,125	-	-	674,125
Financial	599,104	-	-	599,104
Industrial goods	365,568	-	-	365,568
Technology	431,351	-	-	431,351
Utilities	61,067	-	-	61,067
Total common stock	<u>2,979,085</u>	<u>-</u>	<u>-</u>	<u>2,979,085</u>
Preferred stock:				
Fixed income	<u>967,615</u>	<u>-</u>	<u>-</u>	<u>967,615</u>
Mutual funds:				
Aggregate	670,386	-	-	670,386
Aggressive	22,564	-	-	22,564
Blend	897,177	-	-	897,177
Corporate	229,349	-	-	229,349
Emerging markets	204,538	-	-	204,538
Government	193,763	-	-	193,763
Growth	358,381	-	-	358,381
Municipal	395,889	-	-	395,889
Other	107,931	-	-	107,931
Precious metals	338,749	-	-	338,749
Value	<u>448,479</u>	<u>-</u>	<u>-</u>	<u>448,479</u>
Total mutual funds	<u>3,867,206</u>	<u>-</u>	<u>-</u>	<u>3,867,206</u>
Total Assets at Fair Value	<u>\$ 9,095,413</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,095,413</u>

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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% vested in their accounts.

Note 6 - Related Party Transactions

Certain Plan investments are held in cash and money-market accounts with UBS Financial Services, Inc., the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

Note 7 - Tax Status

The Plan is a prototype plan that has received a favorable determination letter dated March 11, 2005 issued by the National Office of the Internal Revenue Service that the Plan is qualified under Code Section 401. The Plan has been amended since receiving the determination letter; however, the Sponsor and Plan administrator believe that the Plan is correctly designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 8 - Risks and Uncertainties

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

Note 9 - Delinquent Participant Contributions

During the Plan year ended June 30, 2014, certain deposits of participant contributions were not made on a timely basis. The Plan is taking steps to resolve this matter through the Voluntary Fiduciary Correction Plan ("VFCP"), which is offered by the Employee Benefits Security Administration. The Sponsor is in the process of correcting these instances with additional contributions to make participant accounts whole for the lost earnings on the late contributions. The Plan restored lost earnings related to late deposits through 2013 during the Plan year ended June 30, 2014. The Plan filed Form 5330 and paid the applicable excise taxes during the Plan year ended June 30, 2014.

Note 10 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after June 30, 2014 through the date of these financial statements, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULES

Schedule H - Part IV - Line 4a - Schedule of Delinquent Participant Contributions
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED JUNE 30, 2014

Participant contributions transferred late to the plan	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-1
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Check here if late participant loan repayments are included: X	\$ -	\$ -	\$ 1,198,148	* \$ -

* Includes delinquent participant contributions related to the Plan for the years ended:

June 30, 2007	\$ 17,502
June 30, 2008	90,600
June 30, 2009	148,406
June 30, 2010	108,804
June 30, 2011	103,403
June 30, 2012	82,008
June 30, 2013	324,870
June 30, 2014	322,555
	<u>\$ 1,198,148</u>

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Preferred Stock:			
	BBTPRD	BB&T CORPORATION (BBT) 5.850% PREFERRED CLBL PAR VALUE -25.00 USD	**	\$ 77,022
	PSF	COHEN & STEERS SELECT PFD & INC FD INC	**	76,539
	DTK	DEUTSCHE BK CONTGNT CAP TR III 7.600% PREFERRED CLBL PAR VALUE - 25.00 USD	**	75,712
	DBL	DOUBLE LINE OPPORTUNISTIC CR FD	**	71
	HSEB	HSBC HOLDINGS PLC 8.000% PERPETUAL	**	54
	ISP	ING GROUP N V 6.20% PREFERRED	**	73,526
	INZ	ING GROUP N V 7.200% PREFERRED	**	72,526
	PFF	ISHARES US PFD STOCK ETF INDEX FUND	**	10,776
	PSBPRT	PS BUSINESS PARKS INC CUMUL SER T 6.000% PREFERRED CLBL	**	76,870
	PSAPRT	PUBLIC STORAGE SER T 5.750% PREFERRED CLBL PAR VALUE - 25.00 USD	**	76,514
	TDJ	TELEPHONE & DATA SYSTEM 7.000% DUE 03/15/60	**	74,057
				<u>\$ 613,667</u>
	Common Stock:			
	DDD	3-D SYSTEMS CORP DELA NEW	**	\$ 102,009
	ACE	ACE LTD CHF	**	131,595
	AB	ALLIANCE BERNSTEIN HLDG LP MLP	**	1,734
	AIG	AMERICAN INTL GROUP INC COM NEW	**	123,842
	AMT	AMERICAN TOWER CORP REIT	**	53,268
	APC	ANADARKO PETROLEUM CORP	**	72,031
	AAPL	APPLE INC	**	585,459
	T	AT&T INC	**	71,816
	SAN	BANCO SANTANDER S.A SPON	**	119,340
	BAC	BANK OF AMERICA CORP	**	257,171
	BCS	BARCLAYS PLC ADR	**	102
	BP	BP PLC SPON ADR	**	1,794
	BPL	BUCKEYE PARTNERS L P UNIT LTD PARTNERSHP INTS	**	136,052
	CAH	CARDINAL HEALTH INC	**	45,661
	CAT	CATERPILLAR INC	**	74,330
	CELG	CELGENE CORP	**	197,696
	C	CITIGROUP INC	**	141
	CL	COLGATE PALMOLIVE CO	**	136
	UMLGX	COLUMBIA SELECT LGE CAP GWTH Z	**	24,488
	ED	CON EDISON CO (HOLDING CO)	**	14,031
	DE	DEERE AND CO	**	50,527
	DNKN	DUNKIN BRANDS GROUP INC	**	43,978
	EEP	ENBRIDGE ENERGY PARTNERS LP MLP	**	158,578
	ETP	ENERGY TRANSFER PARTNERS LP MLP	**	116,404
	XOM	EXXON MOBIL CORP	**	90,411
	FB	FACEBOOK INC CL A	**	113,653
	FBHS	FORTUNE BRANDS HOME	**	49,233
	FTR	FRONTIER COMMUNICATIONS CORP	**	2,132
	GD	GENL DYNAMICS CORP	**	52,448
	GE	GENL ELECTRIC CO	**	123,805
	GSK	GLAXO SMITHKLINE PLC ADR	**	86,477
	HON	HONEYWELL INTL INC	**	47,405
	ITW	ILLINOIS TOOL WORKS INC	**	50,610
	INTC	INTEL CORP	**	80,402
	JNJ	JOHNSON & JOHNSON COM	**	83,487
	LNCO	LINNCO LLC	**	167,057
	LOW	LOWES COMPANIES INC	**	45,974
	MCD	MCDONALDS CORP	**	68,302
	MRK	MERCK & CO INC NEW COM	**	65,023
	KORS	MICHAEL KORS HLDGS LTD	**	68,615
	MSFT	MICROSOFT CORP	**	39,365
	NSC	NORFOLK STHN CORP	**	63,776
	NS	NUSTAR ENERGY LP UNITS	**	135,058
	JCP	PENNEY J C CO INC (HLDG CO)	**	21
	PEP	PEPSICO INC	**	63,789
	PBT	PERMIAN BASIN ROYALTY TR	**	88,051
	PG	PROCTER & GAMBLE CO	**	49,040
	RBS	ROYAL BANK SCOTLAND SPON	**	96,021
	HSIC	SCHEIN HENRY INC	**	47,937
	SYK	STRYKER CORP	**	50,002
	TOT	TOTAL S.A. FRANCE SPON	**	104,618
	TWTR	TWITTER INC	**	38,471
	UA	UNDER ARMOUR INC CL A	**	57,884
	UNP	UNION PACIFIC CORP	**	54,164
	UTX	UNTD TECHNOLOGIES CORP	**	103,328
	VZ	VERIZON COMMUNICATIONS INC	**	14,924
	VFC	VF CORP	**	98,910
	ZIOP	ZIOPHARM ONCOLOGY INC	**	113,650
				<u>\$ 4,796,226</u>

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds:			
	CHCLX	ALLIANCE BERNSTEIN DISCOVERY GROWTH INC FUND CLASS A	**	\$ 18,476
	AGDAX	ALLIANCE BERNSTEIN HIGH INCOME FUND CL A	**	168,215
	ABIAx	ALLIANCE BERNSTEIN INTL VALUE FUND A	**	9,107
	AIDAX	ALLIANCE/BERNSTEIN INTER MUNI DIVER MUNI FUND A	**	175,893
	PNBAX	ALLIANZ NFJ LARGE-CAP	**	238
	AHITX	AMERICAN FUNDS AMERICAN HIGH INCOME TRUST FUND CL A	**	1,443
	AWSHX	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND CL A	**	898
	AMCPX	AMERICAN FUNDS AMCAP FUND CL A	**	1,870
	AMRFX	AMERICAN FUNDS AMERICAN MUTUAL F-1	**	64,232
	AMRMX	AMERICAN FUNDS AMERICAN MUTUAL FUND CL A	**	1,260
	BFAFX	AMERICAN FUNDS BOND FUND OF AMERICA F-1	**	13,957
	ABNDX	AMERICAN FUNDS BOND FUND OF AMERICA CL A	**	1,772
	CAIBX	AMERICAN FUNDS CAPITAL INCOME BUILDER FUND CL A	**	724
	AEPGX	AMERICAN FUNDS EURO PACIFIC GROWTH FUND CL A	**	667
	GFFFX	AMERICAN FUNDS GROWTH FUND OF AMERICA F-1	**	64,085
	AGTHX	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS A	**	1,039
	BMCIX	BLACKROCK US OPPORTUNITY PORTFOLIO SERVICE CLASS	**	5,469
	CSIEX	CALVERT EQUITY PORTFOLIO CLASS A	**	17,279
	SHRAX	CLEARBRIDGE AGGRESSIVE GROWTH FUND CLASS A	**	23,560
	CSRSX	COHEN & STEERS REALTY SHARES	**	17,244
	LIBAX	COLUMBIA INTERMEDIATE BOND FUND A	**	14,813
	SRBFX	COLUMBIA INTERMEDIATE BOND FUND Z	**	117
	ELGAX	COLUMBIA SELECT LARGE CAP GROWTH FUND	**	978
	DLTNX	DOUBLE LINE TOTAL RETURN FUND N	**	158,472
	SDUAX	DWS ULTRA SHORT DURATION FUND CLASS A	**	148,624
	FAHDX	FIDELITY ADVISOR HIGH INCOME ADVANTAGE FUND CLASS A	**	17,469
	FIATX	FIDELITY ADVISORS INTL APPRECIATION FUND T	**	25
	TPINX	FRANKLIN/TEMPLETON GLOBAL BOND FUND CLASS A	**	10,378
	FKGRX	FT-FRANKLIN GROWTH A	**	8,648
	GADVX	GABELLI ABC ADVISOR FUND	**	34,067

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds (cont'd.):			
VAFAX	INVESCO AMERICAN FRANCHISE FUND CLASS A	**	\$	15,442
PZFXV	JOHN HANCOCK CLASSIC VALUE FUND CLASS A	**		50,465
JCLBX	JOHN HANCOCK LIFESTYLE BALANCED FUND C	**		2,983
JCLCX	JOHN HANCOCK LIFESTYLE CONSERVATIVE FUND C	**		17,719
JALGX	JOHN HANCOCK LIFESTYLE GROWTH FUND A	**		1,925
JCLGX	JOHN HANCOCK LIFESTYLE GROWTH FUND C	**		1,893
JCLMX	JOHN HANCOCK LIFESTYLE MODERATE FUND C	**		6,677
JCLAX	JOHN HANCOCK LIFESTYLE AGGRESSIVE FUND C	**		19,394
JFAMX	JP MORGAN EMERGING MARKETS CLASS A	**		28,787
JEMSX	JP MORGAN TR I EMERGING MKTS EQUITY FUND SELECT CL	**		35
KSCVX	KEELEY SMALL CAP VALUE FUND CLASS A	**		13,478
LZOEX	LAZARD EMERGING MARKET PORTFOLIO-OPEN SHARES	**		6,224
LDFVX	LORD ABBETT FUNDAMENTAL EQUITY CLASS A	**		14,975
LAVFX	LORD ABBETT FUNDAMENTAL EQUITY CLASS F	**		112
LALDX	LORD ABBETT SHORT DURATION INCOME FUND CLASS A	**		85,739
MHCAX	MAINSTAY FUNDS HIGH YLD CORP BOND A	**		29,883
MHYIX	MAINSTAY HIGH YIELD CORPORATE BOND FUND CL I	**		20
ICSRX	MAINSTAY ICAP SELECT EQUITY FUND CLASS A	**		20,157
EXWAX	MANNING & NAPIER FD, INC. WORLD OPPORTUNITIES SRS	**		8,170
MWTRX	METROPOLITAN WEST TOTAL RETURN BOND FUND	**		18,896
NCRAX	NEUBERGER BERMAN CORE BOND FUND CLASS A	**		144
OPTFX	OPPENHEIMER CAPITAL APPRECIATION FUND CL A	**		137
OPPAX	OPPENHEIMER GLOBAL FUND CLASS A	**		31,940
OPGVX	OPPENHEIMER LIMITED TERM GOVERNMENT FUND CLASS A	**		23,476
MSGX	OPPENHEIMER MAIN STREET FUND CLASS A	**		20,404
JMCVX	PERKINS MID CAP VALUE FUND INVESTOR SHARES CLASS T	**		14,863
PBSMX	PRUDENTIAL SHORT-TERM CORPORATE BOND FUND CLASS A	**		186,571
PIFZX	PRUDENTIAL SHORT-TERM CORPORATE BOND FUND INC Z	**		1,320
PSDTX	PUTNAM SHORT DURATION INCOME FUND A	**		147,776
RLDAX	RS LOW DURATION BOND FUND A	**		123,186
PRSGX	T ROWE PRICE SPECTRUM GROWTH FUND	**		15,270
TRSGX	T.ROWE PRICE PERSONAL STRATEGY GROWTH FUND	**		14,997
TGBAX	TEMPLETON GLBAL BOND ADV	**		37
WEIMX	TETON WESTWOOD MIGHTY MITES CLASS I	**		47
WEMMX	TETON WESTWOOD MIGHTY MITES FUND CLASS AAA	**		2,999
TGVAX	THORNBURG INTERNATIONAL VALUE FUND CLASS A	**		38,922
TGVIX	THORNBURG INTL VALUE FUND I	**		35
SHY	ISHARES 1-3 YR TREAS BOND ETF	**		269,239
TLT	ISHARES 20+ YEAR TREAS BOND ETF	**		38,143
ICF	ISHARES COHEN & STEERS REIT ETF	**		18,078
LQD	ISHARES IBOX \$ INVT GRADE CORPORATE BOND ETF	**		57,125
EMB	ISHARES JP MORGAN USD EMERGING MARKETS BOND ETF	**		11,527
EFA	ISHARES MSCI EAFE ETF	**		63,106
EEM	ISHARES MSCI EMERGING MARKETS ETF	**		13,359
IGE	ISHARES NORTH AMERN NAT RESOURCES ETF	**		19,980
IWF	ISHARES RUSSELL 1000 GROWTH ETF	**		173,949

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds (cont'd.):			
	ITB	ISHARES US HOME CONSTR ETF FUND	**	\$ 74
	IYR	ISHARES US REAL ESTATE ETF	**	48,458
	PXR	POWERSHARES ETF TRUST II EMERGING MKTS INFRA PORTFOLIO ETF	**	18,730
	BIL	SPDR BARCLAYS 1-3 MTH T-BILL ETF	**	76,099
	GLD	SPDR GOLD TRUST	**	256
	DWX	SPDR INDEX SHARES FUNDS S&P INTERNATIONAL DIVIDEND ETF	**	240,546
	VEA	VANGUARD FTSE DEVELOPED MKT ETF	**	5,452
	VVO	VANGUARD FTSE EMERGING MARKETS ETF	**	2,545
	VBR	VANGUARD INDEX FUNDS VANGUARD SMALL CAP VALUE ETF	**	5,697
	VTV	VANGUARD INDEX FUNDS VANGUARD VALUE ETF	**	5,505
	VGIT	VANGUARD INTER TERM GOVERNMENT ETF	**	7,616
	VNQ	VANGUARD REIT ETF	**	8,607
	VHT	VANGUARD SECTOR INDEX FD VANGUARD HEALTH CARE ETF	**	2,791
	VTI	VANGUARD TOTAL STOCK MKT ETF	**	5,597
	DEM	WISDOMTREE EMERGING MARKETS EQUITY INCOME	**	37,273
	DES	WISDOMTREE TRUST SMALLCAP DIVID FUND	**	58,545
	DWM	WISDOMTREE TRUST DIEFA DIVID FUND	**	229,055
	HEDJ	WISDOMTREE TRUST EUROPE HEDGED EQUITY FD ETF	**	125,566
	DLS	WISDOMTREE TRUST INTL SMALLCAP DIVID FUND	**	2,462
	DON	WISDOMTREE TRUST MIDCAP DIVID FUND	**	64,103
	IWN	ISHARES RUSSELL 2000 VALUE ETF	**	620
				<u>\$ 4,274,567</u>
	Cash and cash equivalents:			
	Morgan Stanley	Cash and cash equivalents	**	\$ 21,303
*	UBS Financial Services	Cash and cash equivalents	**	1,381,310
				<u>\$ 1,402,613</u>
	Total Investments, at fair value			\$ 11,087,073
	Participant Loans	Interest rates ranging from 4.25% to 8.75%	\$ -	<u>315,808</u>
	Total			<u>\$ 11,402,881</u>

* Indicates party-in-interest to the Plan.

** Cost information is not required for participant-directed investments.

See independent auditors' report.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 13-2804089
Plan Number: 002

ROBERT SILMAN ASSOCIATES, P.C. 401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Corporate stocks - preferred:			
	Total		**	<u>526,281</u>
				\$ 526,281
	Corporate stocks - common:			
	Total		**	<u>4,771,742</u>
				\$ 4,771,742
	Registered Investment Companies:			
	Total		**	<u>4,386,437</u>
				\$ 4,386,437
	Participant Loans	Interest rates ranging from 4/25% to 8.75%	-	\$ 315,808
	Cash and cash equivalents:			
	Morgan Stanley			
*	UBS Financial Services	Cash and cash equivalents	**	<u>1,402,613</u>
				<u>\$ 1,402,613</u>
				<u>\$ 11,402,881</u>

Attachment to Form 5500-SF
2013 Form 5500, Line 4a - Schedule of Delinquent Participant Contributions

Plan Name: Robert Silman Associates, P.C. 401(k) Profit Sharing Plan
 EIN: 13-2804089
 PN: 002

Participant Contribution Transferred Late to Plan	Total that Consitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contribution Pending Correction in VFCP	
	322,555			875,593