

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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>ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ALLIANCE INSPECTION MANAGEMENT, LLC</u> <u>330 GOLDEN SHORE</u> <u>SUITE 400</u> <u>LONG BEACH, CA 90802</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-3539525</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>562-495-8880</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-3539525</u>	2c Plan Sponsor's telephone number <u>562-495-8880</u>	2d Business code (see instructions) <u>812990</u>	
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2c Plan Sponsor's telephone number <u>562-495-8880</u>					
2d Business code (see instructions) <u>812990</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.	07/10/2015	NESTOR ALVAREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 469
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 427
a(2) Total number of active participants at the end of the plan year	6a(2) 543
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 587
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 587
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 182
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: 2E 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE INSPECTION MANAGEMENT, LLC	D Employer Identification Number (EIN) 20-3539525	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	5725	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FIRST CLEARING LLC

23-2384840

(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?
61	ADVISOR	0	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 ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ SMCPVL A - BOSTON FINANC	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT HERITAGE A - AMERICAN CENT	44-0619208	0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY BASIC S&P 500 - DREYFUS TRANS	200 PARK AVENUE NEW YORK, NY 10166	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY MID CAP INDEX - DREYFUS TRANS 200 PARK AVENUE NEW YORK, NY 10166	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY SM CAP STK IDX - DREYFUS TRAN 200 PARK AVENUE NEW YORK, NY 10166	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SM CAP GROWTH R2 - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MFS GLOBAL EQUITY R3 - MFS SERVICE	0.25%	
04-2865649		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MFS INTL NEW DISC R3 - MFS SERVICE	0.25%	
04-2865649		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MFS MID CAP VALUE R3 - MFS SERVICE	0.25%	
04-2865649		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN DIV VALUE R3 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS R - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL S - JANUS SERVI 43-1804048	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP INTL EQUITY INDX - T. ROWE PRI 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE BAL R - T. ROWE PRICE S 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2005 R - T. ROWE PRICE 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2010 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2015 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2020 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2025 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2030 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2035 R - T. ROWE PRICE	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2040 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2045 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2050 R - T. ROWE PRICE	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2055 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP US BOND ENH IDX - T. ROWE PRIC	0.15%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY DIVERS STK A - CITI FUND S	0.25%	
31-1249295		

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
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR DEV MKTS R - OPPENHEIMERFUN 13-2953455	\$5M+=0.25%	
(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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIANCE INSPECTION MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>20-3539525</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	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	204267	222074
	(9) Value of interest in common/collective trusts	1c(9)	289500	351590
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5651191	5861146
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6144958	6434810

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6144958	6434810
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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)	271228	
(B) Participants	2a(1)(B)	604474	
(C) Others (including rollovers)	2a(1)(C)	14	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		875716
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9570	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9570
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	336964	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		336964
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3689
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26129
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1252068

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	956485	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		956485
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	5731	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5731
j Total expenses. Add all expense amounts in column (b) and enter total	2j		962216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		289852
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: GSC CERTIFIED PUBLIC ACCOUNTANTS

(2) EIN: 77-0044249

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	
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.		X	
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCE INSPECTION MANAGEMENT, LLC				D Employer Identification Number (EIN) 20-3539525	
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): 04-6568107					
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) 2014 v. 140124	

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): _____

**ALLIANCE INSPECTION
MANAGEMENT, LLC 401(K) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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Independent Auditors' Report

To the Participants and Plan Administrator
Alliance Inspection Management, LLC 401(k) Plan
Long Beach, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Alliance Inspection Management, LLC 401(k) Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GSC, Certified Public Accountants

June 16, 2015

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value:		
Common / collective trusts	\$ 351,590	\$ 289,500
Mutual funds	5,861,146	5,651,191
Notes receivable from participants	<u>222,074</u>	<u>204,267</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,434,810</u>	<u>\$ 6,144,958</u>

The accompanying notes are an integral part of the financial statements

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Dividends - mutual funds	\$ 336,964
Net investment income from common / collective trusts	3,689
Net investment gain from mutual funds	<u>26,129</u>

Total investment income	<u>366,782</u>
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Interest on notes receivable from participants	<u>9,570</u>
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Contributions:

Employer	271,228
Employee	604,474
Other - rollover	<u>14</u>

Total contributions	<u>875,716</u>
---------------------	----------------

Total additions	<u>1,252,068</u>
-----------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	956,485
Administrative expenses	<u>5,731</u>

Total deductions	<u>962,216</u>
------------------	----------------

Net change	289,852
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>6,144,958</u>
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End of year	<u><u>\$ 6,434,810</u></u>
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The accompanying notes are an integral part of the financial statements

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Alliance Inspection Management, LLC 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information of the Plan's provisions. The Plan is a defined contribution plan and was adopted on September 1, 1991.

Eligibility

The Plan covers substantially all employees of Alliance Inspection Management, LLC and its subsidiaries - AutoComm, Inc., Total Claims Management, Inc. and UniComm, LLC, together referred to as the "Company". It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The employees must have completed three months of service, and be at least 21 years of age to be eligible to participate in the Plan and receive employer matching contributions.

Contributions

Each participant may contribute up to 100% of eligible compensation deferred and designated as an employee savings contribution, subject to IRS regulation limitations.

Pursuant to the Plan's provisions, the Company matches 100% of the first three percent of the participants' eligible compensation, and 50% of the next two percent of the participant's eligible compensation, contributed to the Plan as deferral contributions. The Plan also allows rollover contributions from other qualified plans.

Participant Accounts

Separate accounts are maintained for each participant which are adjusted for employee deferrals, rollover contributions, employer matching contributions and allocations of forfeitures, administrative expenses and investment earnings. 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 a participant's vested account. Participants direct all investment transactions within their accounts.

Vesting

Participants are always 100% vested in their deferrals and rollover contributions. Participants are also 100% vested in the employer's matching contributions credited to their accounts after the Plan was amended to include Safe Harbor provisions on January 1, 2006. Employer's matching contributions received prior to January 1, 2006 vest over six years of service, at 20% per year after the second year of service.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Forfeitures

Forfeitures may first be used to pay the Plan's administrative expenses. Any remaining amounts may reduce the Company's matching contributions. In 2014 and 2013, there were no forfeitures.

Funding Policy

The Company is required to make all employee savings and employer matching contributions under the Plan for each taxable year. In no event shall the amount contributed by the employer in any year exceed the maximum deductible by the employer under Section 404(a)(3) of the Internal Revenue Code.

Benefits

Upon termination of service due to death, disability or retirement, participants or their beneficiaries may elect to receive all of their elective contributions, the income allocable to such amounts and the vested portion of the Company contribution. Benefits are paid in a lump-sum.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.00%. The loans generally are repaid over a five year period, but may be repaid over a ten year period if obtained to purchase a primary residence. Principal and interest are paid ratably through payroll deductions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Administrative Expenses

Most administrative expenses that include investment fees and recordkeeping costs are paid out of the assets of the Plan. Certain other administrative costs related to the Plan are paid by the Company.

Benefits

Benefit payments to participants are recorded when paid.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are stated at fair value determined based on the quoted market price as of the last day of the Plan's year. Sales and purchases of investments are accounted for on a trade date basis, interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Concentration of Credit Risk

Financial instruments which potentially subject the Plan to concentration of credit risk consist of investments, which are placed with high credit quality financial institutions (see Note 9).

Management 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

Note receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Subsequent Events

Subsequent events were evaluated through the date of issuance of these financial statements on June 16, 2015.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Management Trust Company, the Plan's trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplementary information.

The value of participant-directed investments as of December 31, 2014 and 2013 was:

	2014	2013
Common / collective trusts:		
Fidelity Stable Value Fund	\$ 351,590 *	\$ 289,500
Mutual funds:		
Allianz NFJ Small Cap Value A	120,450	167,191
Victory Diversified Stock A	340,370 *	301,242
American Century Heritage A	127,970	295,733
Perkins Mid Cap Value	-	59,210
Drey Small Cap Stock Index	255,459	112,405
Drey Basic S&P 500	561,774 *	382,336 *
Drey Mid Cap Index	511,416 *	228,299
Oppenheimer Dev Mkts	265,629	258,386
JP Morgan Small Cap Growth R2	10,559	32,010
TRP US Bond Enhanced Index	14,239	4,968
TRP Intl Equity Index	17,021	9,409
Nuveen Diversified Value R3	491,578 *	577,140 *
MFS Global Equity R3	73,494	55,362
MFS Mid Cap Value R3	78,353	-
Fidelity Leveraged Co Stock T Fund	-	182,945
Fidelity High Income Adv T Fund	72,963	63,175
Fidelity Technology T Fund	211,155	268,323
Fidelity Small Cap T Fund	-	108,133
Fidelity Strategic Income T Fund	161,893	161,145
Fidelity Real Estate T Fund	212,120	143,843
Fidelity New Insights T Fund	326,071 *	536,239 *
Fidelity Freedom Income T Fund	-	4,462
Fidelity Intl Discovery T Fund	252,375	236,920
Fidelity Govt Income T Fund	27,058	22,935

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY PLAN'S TRUSTEE - CONTINUED

The value of participant-directed investments as of December 31, 2014 and 2013 was (continued):

	<u>2014</u>	<u>2013</u>
Mutual funds (continued):		
TRP Retirement 2005 R Fund	\$ 2,795	\$ -
TRP Retirement 2010 R Fund	24,458	-
TRP Retirement 2015 R Fund	135,090	-
TRP Retirement 2020 R Fund	147,448	-
TRP Retirement 2025 R Fund	71,690	-
TRP Retirement 2030 R Fund	723,738 *	-
TRP Retirement 2035 R Fund	152,667	-
TRP Retirement 2040 R Fund	312,760	-
TRP Retirement 2045 R Fund	59,818	-
TRP Retirement 2050 R Fund	78,588	-
TRP Retirement 2055 R Fund	14,027	
TRP Retirement Balanced R Fund	6,120	-
Fidelity Freedom 2005 Fund	-	2,010
Fidelity Freedom 2010 Fund	-	20,014
Fidelity Freedom 2015 Fund	-	90,003
Fidelity Freedom 2020 Fund	-	115,688
Fidelity Freedom 2025 Fund	-	51,126
Fidelity Freedom 2030 Fund	-	619,647 *
Fidelity Freedom 2035 Fund	-	120,474
Fidelity Freedom 2040 Fund	-	302,225
Fidelity Freedom 2045 Fund	-	44,239
Fidelity Freedom 2050 Fund	-	68,388
Fidelity Freedom 2055 Fund	-	5,566
	<u>5,861,146</u>	<u>5,651,191</u>
Total mutual funds		
	<u>\$ 6,212,736</u>	<u>\$ 5,940,691</u>
Total investments		

* 5% or more of Plan net assets

During 2014, the Plan's net appreciation in fair value of investments (including gains and losses on investments bought and sold, as well as held during the year) was as follows:

Common / collective trusts	\$ 3,689
Mutual funds	<u>26,129</u>
	<u>\$ 29,818</u>

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 - PARTY-IN-INTEREST

Certain Plan investments are units of common / collective trusts and mutual funds managed by subsidiaries or affiliates of Fidelity Management Trust Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest, as defined by the applicable ERISA rules and regulations.

NOTE 5 - TAX STATUS

The Plan was adopted as a version of a prototype plan. In its opinion letter, the IRS has stated that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter for the prototype plan, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 6 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. The 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 ASC 820 are described below:

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

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

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 at December 31, 2014.

Mutual Funds and Money Market Funds: Valued at the daily closing price as reported by the fund. These funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual and money market funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of the units of the common/collective trust. While the underlying assets values are based on publicly quoted prices, the units of the common/collective trusts are not publicly quoted. The NAV, as provided by the trustee, is used as a practical expedient to estimate the fair value. The NAV is based on the fair value of the underlying investments held by the common / collective trust, less its liabilities.

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

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	<u>\$ -</u>	<u>\$ 351,590</u>	<u>\$ -</u>	<u>\$ 351,590</u>
Mutual funds:				
Large Cap	\$ 1,719,793	\$ -	\$ -	\$ 1,719,793
Mid Cap	717,739	-	-	717,739
Small Cap	386,468	-	-	386,468
International	608,519	-	-	608,519
Specialty	423,275	-	-	423,275
Bond	276,153	-	-	276,153
Blended	<u>1,729,199</u>	<u>-</u>	<u>-</u>	<u>1,729,199</u>
Total mutual funds	<u>\$ 5,861,146</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,861,146</u>
Total assets at fair value	<u>\$ 5,861,146</u>	<u>\$ 351,590</u>	<u>\$ -</u>	<u>\$ 6,212,736</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	<u>\$ -</u>	<u>\$ 289,500</u>	<u>\$ -</u>	<u>\$ 289,500</u>
Mutual funds:				
Large Cap	\$ 1,796,957	\$ -	\$ -	\$ 1,796,957
Mid Cap	766,187	-	-	766,187
Small Cap	419,739	-	-	419,739
International	560,077	-	-	560,077
Specialty	412,166	-	-	412,166
Bond	256,685	-	-	256,685
Blended	<u>1,439,380</u>	<u>-</u>	<u>-</u>	<u>1,439,380</u>
Total mutual funds	<u>\$ 5,651,191</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,651,191</u>
Total assets at fair value	<u>\$ 5,651,191</u>	<u>\$ 289,500</u>	<u>\$ -</u>	<u>\$ 5,940,691</u>

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Frequency</u>
<u>December 31, 2014</u>				
Fidelity Stable Value Fund	\$ 351,590	N/A	Daily	N/A
<u>December 31, 2013</u>				
Fidelity Stable Value Fund	\$ 289,500	N/A	Daily	N/A

NOTE 7 - COMMON / COLLECTIVE TRUSTS

The Plan offers its participants an option to invest in Fidelity Advisor Stable Value Fund (the "Fund"). The Fund is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the holders of the Fund's units. The Plan's management determined that this investment is fully benefit-responsive, and that contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. However, the Plan's management determined that as of December 31, 2014 and 2013, the fair value of the Plan's investment in the Fund approximates the contract value, and that an adjustment from fair value to contract value for fully benefit-responsive investment contract is not material, and is not presented in the Statements of Net Assets Available for Benefits.

NOTE 8 - 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.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - 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 Statement of Net Assets Available for Benefits.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

SUPPLEMENTARY INFORMATION

AS OF DECEMBER 31, 2014

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 20-3539525

Plan Number: 001

(A)	(B) Identity of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par and Maturity Value	(D) Cost	(E) Current Value
*	Fidelity	Fidelity Stable Value Fund	N/A**	\$ 351,590
	Allianz	Allianz NFJ Small Cap Value A	N/A**	120,450
	Victory	Victory Diversified Stock A	N/A**	340,370
	American Century	American Century Heritage A	N/A**	127,970
	Drey	Drey Small Cap Stock Index	N/A**	255,459
	Drey	Drey Basic S&P 500	N/A**	561,774
	Drey	Drey Mid Cap Index	N/A**	511,416
	Oppenheimer	Oppenheimer Dev Mkts	N/A**	265,629
	JP Morgan	JP Morgan Small Cap Growth R2	N/A**	10,559
	T. Rowe Price	TRP US Bond Enhanced Index	N/A**	14,239
	T. Rowe Price	TRP Intl Equity Index	N/A**	17,021
	Nuveen	Nuveen Equity Income R3	N/A**	491,578
	MFS	MFS Global Equity R3	N/A**	73,494
	MFS	MFS Mid Cap Value R3	N/A**	78,353
*	Fidelity	Fidelity High Income Adv T Fund	N/A**	72,963
*	Fidelity	Fidelity Technology T Fund	N/A**	211,155
*	Fidelity	Fidelity Strategic Income T Fund	N/A**	161,893
*	Fidelity	Fidelity Real Estate T Fund	N/A**	212,120
*	Fidelity	Fidelity New Insights T Fund	N/A**	326,071
*	Fidelity	Fidelity Intl Discovery T Fund	N/A**	252,375
*	Fidelity	Fidelity Govt Income T Fund	N/A**	27,058
	T. Rowe Price	TRP Retirement 2005 R Fund	N/A**	2,795
	T. Rowe Price	TRP Retirement 2010 R Fund	N/A**	24,458
	T. Rowe Price	TRP Retirement 2015 R Fund	N/A**	135,090
	T. Rowe Price	TRP Retirement 2020 R Fund	N/A**	147,448
	T. Rowe Price	TRP Retirement 2025 R Fund	N/A**	71,690
	T. Rowe Price	TRP Retirement 2030 R Fund	N/A**	723,738
	T. Rowe Price	TRP Retirement 2035 R Fund	N/A**	152,667
	T. Rowe Price	TRP Retirement 2040 R Fund	N/A**	312,760
	T. Rowe Price	TRP Retirement 2045 R Fund	N/A**	59,818
	T. Rowe Price	TRP Retirement 2050 R Fund	N/A**	78,588
	T. Rowe Price	TRP Retirement 2055 R Fund	N/A**	14,027
	T. Rowe Price	TRP Retirement Balanced R Fund	N/A**	6,120

Notes receivable from participants, interest ranging from 4.25% to 6.00%,
maturing through October 2019

222,074

Total assets held for investment purposes

\$ 6,434,810

* Party-in-interest

** Cost information has been omitted for participant directed investments

**ALLIANCE INSPECTION
MANAGEMENT, LLC 401(K) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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Independent Auditors' Report

To the Participants and Plan Administrator
Alliance Inspection Management, LLC 401(k) Plan
Long Beach, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Alliance Inspection Management, LLC 401(k) Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GSC, Certified Public Accountants

June 16, 2015

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
Investments, at fair value:		
Common / collective trusts	\$ 351,590	\$ 289,500
Mutual funds	5,861,146	5,651,191
Notes receivable from participants	<u>222,074</u>	<u>204,267</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,434,810</u>	<u>\$ 6,144,958</u>

The accompanying notes are an integral part of the financial statements

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Dividends - mutual funds	\$ 336,964
Net investment income from common / collective trusts	3,689
Net investment gain from mutual funds	<u>26,129</u>

Total investment income	<u>366,782</u>
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Interest on notes receivable from participants	<u>9,570</u>
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Contributions:

Employer	271,228
Employee	604,474
Other - rollover	<u>14</u>

Total contributions	<u>875,716</u>
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Total additions	<u>1,252,068</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	956,485
Administrative expenses	<u>5,731</u>

Total deductions	<u>962,216</u>
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Net change	289,852
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>6,144,958</u>
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End of year	<u><u>\$ 6,434,810</u></u>
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The accompanying notes are an integral part of the financial statements

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Alliance Inspection Management, LLC 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information of the Plan's provisions. The Plan is a defined contribution plan and was adopted on September 1, 1991.

Eligibility

The Plan covers substantially all employees of Alliance Inspection Management, LLC and its subsidiaries - AutoComm, Inc., Total Claims Management, Inc. and UniComm, LLC, together referred to as the "Company". It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The employees must have completed three months of service, and be at least 21 years of age to be eligible to participate in the Plan and receive employer matching contributions.

Contributions

Each participant may contribute up to 100% of eligible compensation deferred and designated as an employee savings contribution, subject to IRS regulation limitations.

Pursuant to the Plan's provisions, the Company matches 100% of the first three percent of the participants' eligible compensation, and 50% of the next two percent of the participant's eligible compensation, contributed to the Plan as deferral contributions. The Plan also allows rollover contributions from other qualified plans.

Participant Accounts

Separate accounts are maintained for each participant which are adjusted for employee deferrals, rollover contributions, employer matching contributions and allocations of forfeitures, administrative expenses and investment earnings. 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 a participant's vested account. Participants direct all investment transactions within their accounts.

Vesting

Participants are always 100% vested in their deferrals and rollover contributions. Participants are also 100% vested in the employer's matching contributions credited to their accounts after the Plan was amended to include Safe Harbor provisions on January 1, 2006. Employer's matching contributions received prior to January 1, 2006 vest over six years of service, at 20% per year after the second year of service.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Forfeitures

Forfeitures may first be used to pay the Plan's administrative expenses. Any remaining amounts may reduce the Company's matching contributions. In 2014 and 2013, there were no forfeitures.

Funding Policy

The Company is required to make all employee savings and employer matching contributions under the Plan for each taxable year. In no event shall the amount contributed by the employer in any year exceed the maximum deductible by the employer under Section 404(a)(3) of the Internal Revenue Code.

Benefits

Upon termination of service due to death, disability or retirement, participants or their beneficiaries may elect to receive all of their elective contributions, the income allocable to such amounts and the vested portion of the Company contribution. Benefits are paid in a lump-sum.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.00%. The loans generally are repaid over a five year period, but may be repaid over a ten year period if obtained to purchase a primary residence. Principal and interest are paid ratably through payroll deductions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Administrative Expenses

Most administrative expenses that include investment fees and recordkeeping costs are paid out of the assets of the Plan. Certain other administrative costs related to the Plan are paid by the Company.

Benefits

Benefit payments to participants are recorded when paid.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are stated at fair value determined based on the quoted market price as of the last day of the Plan's year. Sales and purchases of investments are accounted for on a trade date basis, interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Concentration of Credit Risk

Financial instruments which potentially subject the Plan to concentration of credit risk consist of investments, which are placed with high credit quality financial institutions (see Note 9).

Management 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

Note receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Subsequent Events

Subsequent events were evaluated through the date of issuance of these financial statements on June 16, 2015.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Management Trust Company, the Plan's trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplementary information.

The value of participant-directed investments as of December 31, 2014 and 2013 was:

	2014	2013
Common / collective trusts:		
Fidelity Stable Value Fund	\$ 351,590 *	\$ 289,500
Mutual funds:		
Allianz NFJ Small Cap Value A	120,450	167,191
Victory Diversified Stock A	340,370 *	301,242
American Century Heritage A	127,970	295,733
Perkins Mid Cap Value	-	59,210
Drey Small Cap Stock Index	255,459	112,405
Drey Basic S&P 500	561,774 *	382,336 *
Drey Mid Cap Index	511,416 *	228,299
Oppenheimer Dev Mkts	265,629	258,386
JP Morgan Small Cap Growth R2	10,559	32,010
TRP US Bond Enhanced Index	14,239	4,968
TRP Intl Equity Index	17,021	9,409
Nuveen Diversified Value R3	491,578 *	577,140 *
MFS Global Equity R3	73,494	55,362
MFS Mid Cap Value R3	78,353	-
Fidelity Leveraged Co Stock T Fund	-	182,945
Fidelity High Income Adv T Fund	72,963	63,175
Fidelity Technology T Fund	211,155	268,323
Fidelity Small Cap T Fund	-	108,133
Fidelity Strategic Income T Fund	161,893	161,145
Fidelity Real Estate T Fund	212,120	143,843
Fidelity New Insights T Fund	326,071 *	536,239 *
Fidelity Freedom Income T Fund	-	4,462
Fidelity Intl Discovery T Fund	252,375	236,920
Fidelity Govt Income T Fund	27,058	22,935

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY PLAN'S TRUSTEE - CONTINUED

The value of participant-directed investments as of December 31, 2014 and 2013 was (continued):

	<u>2014</u>	<u>2013</u>
Mutual funds (continued):		
TRP Retirement 2005 R Fund	\$ 2,795	\$ -
TRP Retirement 2010 R Fund	24,458	-
TRP Retirement 2015 R Fund	135,090	-
TRP Retirement 2020 R Fund	147,448	-
TRP Retirement 2025 R Fund	71,690	-
TRP Retirement 2030 R Fund	723,738 *	-
TRP Retirement 2035 R Fund	152,667	-
TRP Retirement 2040 R Fund	312,760	-
TRP Retirement 2045 R Fund	59,818	-
TRP Retirement 2050 R Fund	78,588	-
TRP Retirement 2055 R Fund	14,027	
TRP Retirement Balanced R Fund	6,120	-
Fidelity Freedom 2005 Fund	-	2,010
Fidelity Freedom 2010 Fund	-	20,014
Fidelity Freedom 2015 Fund	-	90,003
Fidelity Freedom 2020 Fund	-	115,688
Fidelity Freedom 2025 Fund	-	51,126
Fidelity Freedom 2030 Fund	-	619,647 *
Fidelity Freedom 2035 Fund	-	120,474
Fidelity Freedom 2040 Fund	-	302,225
Fidelity Freedom 2045 Fund	-	44,239
Fidelity Freedom 2050 Fund	-	68,388
Fidelity Freedom 2055 Fund	-	5,566
	<u>5,861,146</u>	<u>5,651,191</u>
Total mutual funds		
	<u>\$ 6,212,736</u>	<u>\$ 5,940,691</u>
Total investments		

* 5% or more of Plan net assets

During 2014, the Plan's net appreciation in fair value of investments (including gains and losses on investments bought and sold, as well as held during the year) was as follows:

Common / collective trusts	\$ 3,689
Mutual funds	<u>26,129</u>
	<u>\$ 29,818</u>

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 - PARTY-IN-INTEREST

Certain Plan investments are units of common / collective trusts and mutual funds managed by subsidiaries or affiliates of Fidelity Management Trust Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest, as defined by the applicable ERISA rules and regulations.

NOTE 5 - TAX STATUS

The Plan was adopted as a version of a prototype plan. In its opinion letter, the IRS has stated that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter for the prototype plan, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 6 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. The 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 ASC 820 are described below:

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

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

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 at December 31, 2014.

Mutual Funds and Money Market Funds: Valued at the daily closing price as reported by the fund. These funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual and money market funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of the units of the common/collective trust. While the underlying assets values are based on publicly quoted prices, the units of the common/collective trusts are not publicly quoted. The NAV, as provided by the trustee, is used as a practical expedient to estimate the fair value. The NAV is based on the fair value of the underlying investments held by the common / collective trust, less its liabilities.

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

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	<u>\$ -</u>	<u>\$ 351,590</u>	<u>\$ -</u>	<u>\$ 351,590</u>
Mutual funds:				
Large Cap	\$ 1,719,793	\$ -	\$ -	\$ 1,719,793
Mid Cap	717,739	-	-	717,739
Small Cap	386,468	-	-	386,468
International	608,519	-	-	608,519
Specialty	423,275	-	-	423,275
Bond	276,153	-	-	276,153
Blended	<u>1,729,199</u>	<u>-</u>	<u>-</u>	<u>1,729,199</u>
Total mutual funds	<u>\$ 5,861,146</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,861,146</u>
Total assets at fair value	<u>\$ 5,861,146</u>	<u>\$ 351,590</u>	<u>\$ -</u>	<u>\$ 6,212,736</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	<u>\$ -</u>	<u>\$ 289,500</u>	<u>\$ -</u>	<u>\$ 289,500</u>
Mutual funds:				
Large Cap	\$ 1,796,957	\$ -	\$ -	\$ 1,796,957
Mid Cap	766,187	-	-	766,187
Small Cap	419,739	-	-	419,739
International	560,077	-	-	560,077
Specialty	412,166	-	-	412,166
Bond	256,685	-	-	256,685
Blended	<u>1,439,380</u>	<u>-</u>	<u>-</u>	<u>1,439,380</u>
Total mutual funds	<u>\$ 5,651,191</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,651,191</u>
Total assets at fair value	<u>\$ 5,651,191</u>	<u>\$ 289,500</u>	<u>\$ -</u>	<u>\$ 5,940,691</u>

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Frequency</u>
<u>December 31, 2014</u>				
Fidelity Stable Value Fund	\$ 351,590	N/A	Daily	N/A
<u>December 31, 2013</u>				
Fidelity Stable Value Fund	\$ 289,500	N/A	Daily	N/A

NOTE 7 - COMMON / COLLECTIVE TRUSTS

The Plan offers its participants an option to invest in Fidelity Advisor Stable Value Fund (the "Fund"). The Fund is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the holders of the Fund's units. The Plan's management determined that this investment is fully benefit-responsive, and that contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. However, the Plan's management determined that as of December 31, 2014 and 2013, the fair value of the Plan's investment in the Fund approximates the contract value, and that an adjustment from fair value to contract value for fully benefit-responsive investment contract is not material, and is not presented in the Statements of Net Assets Available for Benefits.

NOTE 8 - 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.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9 - 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 Statement of Net Assets Available for Benefits.

ALLIANCE INSPECTION MANAGEMENT, LLC 401(K) PLAN

SUPPLEMENTARY INFORMATION

AS OF DECEMBER 31, 2014

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 20-3539525

Plan Number: 001

(A)	(B) Identity of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par and Maturity Value	(D) Cost	(E) Current Value
*	Fidelity	Fidelity Stable Value Fund	N/A**	\$ 351,590
	Allianz	Allianz NFJ Small Cap Value A	N/A**	120,450
	Victory	Victory Diversified Stock A	N/A**	340,370
	American Century	American Century Heritage A	N/A**	127,970
	Drey	Drey Small Cap Stock Index	N/A**	255,459
	Drey	Drey Basic S&P 500	N/A**	561,774
	Drey	Drey Mid Cap Index	N/A**	511,416
	Oppenheimer	Oppenheimer Dev Mkts	N/A**	265,629
	JP Morgan	JP Morgan Small Cap Growth R2	N/A**	10,559
	T. Rowe Price	TRP US Bond Enhanced Index	N/A**	14,239
	T. Rowe Price	TRP Intl Equity Index	N/A**	17,021
	Nuveen	Nuveen Equity Income R3	N/A**	491,578
	MFS	MFS Global Equity R3	N/A**	73,494
	MFS	MFS Mid Cap Value R3	N/A**	78,353
*	Fidelity	Fidelity High Income Adv T Fund	N/A**	72,963
*	Fidelity	Fidelity Technology T Fund	N/A**	211,155
*	Fidelity	Fidelity Strategic Income T Fund	N/A**	161,893
*	Fidelity	Fidelity Real Estate T Fund	N/A**	212,120
*	Fidelity	Fidelity New Insights T Fund	N/A**	326,071
*	Fidelity	Fidelity Intl Discovery T Fund	N/A**	252,375
*	Fidelity	Fidelity Govt Income T Fund	N/A**	27,058
	T. Rowe Price	TRP Retirement 2005 R Fund	N/A**	2,795
	T. Rowe Price	TRP Retirement 2010 R Fund	N/A**	24,458
	T. Rowe Price	TRP Retirement 2015 R Fund	N/A**	135,090
	T. Rowe Price	TRP Retirement 2020 R Fund	N/A**	147,448
	T. Rowe Price	TRP Retirement 2025 R Fund	N/A**	71,690
	T. Rowe Price	TRP Retirement 2030 R Fund	N/A**	723,738
	T. Rowe Price	TRP Retirement 2035 R Fund	N/A**	152,667
	T. Rowe Price	TRP Retirement 2040 R Fund	N/A**	312,760
	T. Rowe Price	TRP Retirement 2045 R Fund	N/A**	59,818
	T. Rowe Price	TRP Retirement 2050 R Fund	N/A**	78,588
	T. Rowe Price	TRP Retirement 2055 R Fund	N/A**	14,027
	T. Rowe Price	TRP Retirement Balanced R Fund	N/A**	6,120

Notes receivable from participants, interest ranging from 4.25% to 6.00%,
maturing through October 2019

222,074

Total assets held for investment purposes

\$ 6,434,810

* Party-in-interest

** Cost information has been omitted for participant directed investments