Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1980

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

TOYON RESEARCH CORPORATION

6800 CORTONA DRIVE
GOLETA, CA 93117

2b Employer Identification Number (EIN)
95-3526665

2c Sponsor's telephone number
805-968-6787

2d Business code (see instructions)
541330

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.	07/14/2015	GLENN F. VAN BLARICUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	133
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	155
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	155
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOYON RESEARCH CORPORATION

D Employer Identification Number (EIN)
95-3526665

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

BMO HARRIS BANK NA

36-2085229

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

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

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

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

BMO HARRIS BANK NA

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 36 37 38 50 57 59 62 63 64	NONE	56667	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOYON RESEARCH CORPORATION

D Employer Identification Number (EIN)
95-3526665

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): BMO HARRIS BANK NA

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)
39-6490536-001	C	4595020

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOYON RESEARCH CORPORATION

D Employer Identification Number (EIN)
95-3526665

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18801	13932
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	405183	445098
(9) Value of interest in common/collective trusts	1c(9)	4404578	4595020
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	41438158	48354746
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3838528	4020078

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	50105248	57428874
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50105248	57428874

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)	2872316	
	(B) Participants	2a(1)(B)	493952	
	(C) Others (including rollovers)	2a(1)(C)	150929	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3517197
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	15483	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15483
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	719214	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		719214
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1885
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3318983
c Other income	2c		399003
d Total income. Add all **income** amounts in column (b) and enter total	2d		7971765
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	531184	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		531184
f Corrective distributions (see instructions)	2f		60288
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	56667	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		56667
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		648139
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7323626
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: NASIF, HICKS, HARRIS & CO., LLP **(2)** EIN: 77-0181453

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		5392
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOYON RESEARCH CORPORATION

D Employer Identification Number (EIN)
95-3526665

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 39-6436442

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NHH&Co.
Nasif, Hicks, Harris & Co., LLP
CERTIFIED PUBLIC ACCOUNTANTS
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Steven J. Hicks, Retired
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Marianne F. Bloom
Robert Swayne Lyons
Lawrence W. Brown
Sarah E. Turner

June 26, 2015

Independent Auditors' Report

To the Trustee and Participants
Toyon Research Corporation 401(k) Profit Sharing Plan
Goleta, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Toyon Research Corporation 401(k) Profit Sharing Plan ("The Plan"), which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended September 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate 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 6, which was certified by BMO Harris Bank ("BMO"), the TPA and Trustee of the Plan, except for comparing the information with the related information included in the 2014 financial statements and supplemental schedule. 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 a certification from the Trustee as of September 30, 2014 and 2013, and for the year ended September 30, 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 Matters

We were engaged for the purposes of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500 – Schedule H, Line 4i – Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Nasif, Hicks, Harris & Co., LLP

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DATE SEPTEMBER 30, 2014

SPONSOR: TOYON RESEARCH CORPORATION
EIN: 95-3526665
PLAN NUMBER: 001
NAME: TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH FUND	**	3,545,699
*	BMO FUNDS	BMO EMPLOYEE BENEFIT STABLE PRINCIPAL FUND	**	4,595,020
	BROWN CAPITAL MANAGEMENT	BROWN CAPITAL MANAGEMENT SMALL COMPANY FUND INVESTOR	**	2,248,206
	DFA FUNDS	DFA US SMALL CAP VALUE PORTFOLIO	**	1,570,612
	DFA FUNDS	DFA EMERGINING MARKETS CORE EQUITY	**	630,759
	DFA FUNDS	DFA INFLATION PROTECTED SECURITIES	**	68,346
	FIDELITY FUNDS	FIDELITY LOW PRICED STOCK FUND #316	**	2,071,782
	HARBOR FUNDS	HARBOR INTERNATIONAL FUND INST #2011	**	1,590,028
	HOTCHKIS & WILEY FUNDS	HOTCHKIS & WILEY MID-CAP VALUE FUND	**	171,217
	OAKMARK FUNDS	OAKMARK FUND CLASS I #110	**	967,766
	PARTICIPANT DIRECTED	BROKERAGE ACCOUNTS	**	4,020,078
*	PARTICIPANT LOANS	INTEREST RATE RANGE 3.25% TO 8.00%	**	445,098
	PRINCIPAL INVESTORS FUNDS	PRINCIPAL INVESTORS FD INC - REAL ESTATE SECURITIES FD	**	952,914
	PUTNAM FUNDS	PUTNAM EQUITY INCOME FUND	**	2,178,492
	PUTNAM FUNDS	PUTNAM INCOME FUND R6 #8803	**	5,239,949
	VANGUARD FUNDS	VANGUARD SMALL-CAP INDEX FUND	**	436,245
	VANGUARD FUNDS	VANGUARD MID-CAP INDEX FUND	**	4,089,451
	VANGUARD FUNDS	VANGUARD WELLINGTON FUND	**	6,044,324
	VANGUARD FUNDS	VANGUARD 500 INDEX FUND ADM #540	**	3,939,131
	VANGUARD FUNDS	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND #569	**	209,540
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT FUND #308	**	352,242
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2015 FUND	**	433,427
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2025 FUND	**	596,001
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2035 FUND	**	591,143
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2045 FUND	**	292,650
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2010 FUND	**	1,531,686
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2020 FUND	**	291,656
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2050 FUND	**	586,142
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2040 FUND	**	359,262
	VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2030 FUND	**	195,089
	VANGUARD FUNDS	VANGUARD TOTAL BOND MARKET INDEX FUND	**	1,122,961
	WELLS FARGO FUNDS	WELLS FARGO ADVANTAGE DISCOVERY FUND	**	530,541
	WELLS FARGO FUNDS	WELLS FARGO ADVANTAGE GROWTH FUND	**	5,517,485

* A party-in-interest as defined by ERISA

** Cost ommitted for participant directed accounts

TOYON RESEARCH CORPORATION
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

NHH&Co.
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Lawrence W. Brown
Sarah E. Turner

June 26, 2015

Independent Auditors' Report

To the Trustee and Participants
Toyon Research Corporation 401(k) Profit Sharing Plan
Goleta, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Toyon Research Corporation 401(k) Profit Sharing Plan ("The Plan"), which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended September 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate 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 6, which was certified by BMO Harris Bank ("BMO"), the TPA and Trustee of the Plan, except for comparing the information with the related information included in the 2014 financial statements and supplemental schedule. 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 a certification from the Trustee as of September 30, 2014 and 2013, and for the year ended September 30, 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 Matters

We were engaged for the purposes of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500 – Schedule H, Line 4i – Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Nasif, Hicks, Harris & Co., LLP

TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30,

	2014	2013
ASSETS		
Investments, at fair value:		
Registered investment companies	$ 48,354,746	$ 41,438,158
Stable value investment contract (fully benefit responsive)	4,595,020	4,404,578
Other investments	4,020,078	3,838,528
Total investments at fair value	56,969,844	49,681,264
Notes receivable from participants	445,098	405,183
Accrued income	13,932	18,801
Total assets	57,428,874	50,105,248
LIABILITIES		
Accrued liabilities:		
Excess contributions payable	(7,033)	(53,107)
Net Assets Available for Benefits at Fair Value	57,421,841	50,052,141
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(45,495)	(43,610)
Net Assets Available for Benefits	$ 57,376,346	$ 50,008,531

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

TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30,

	2014
ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Interest on participant loans	$ 15,483
Dividend income	719,214
Net increase in fair value of investments	3,318,983
Other investment income	399,003
Total investment income	4,452,683
Contributions:	
Employer contributions	2,872,316
Participant contributions	493,952
Rollover contributions	150,929
Total contributions	3,517,197
Total additions	7,969,880
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	538,365
Excess participant contributions	7,033
Administrative expenses	56,667
Total deductions	602,065
Net Increase	7,367,815
Net Assets Available for Benefits:	
Beginning of year	50,008,531
End of year	$ 57,376,346

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

Note 1: Description of Plan

The following description of the Toyon Research Corporation 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Toyon Research Corporation ("the Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Historically, the Employer has absorbed a significant portion of the costs of administering the Plan. However, participants do pay 0.1% of plan assets to BMO for their services. Any fund fees that are returned to BMO are then returned to the participants invested in the funds.

Eligibility

Employees become eligible to participate in the Plan and make salary deferral contributions on the first day of their employment if they are at least 18 years of age. Active participants are also entitled to receive discretionary employer contributions from the first day of their employment. Interns are not eligible to participate in the Plan.

Contributions

Active participants may elect to contribute either 0% to 100% of their compensation to the Plan each year ("participant elective contributions"). Such contributions are excludable from the participant's taxable income for federal and state income tax purposes until received as a withdrawal or distribution from the Plan. A participant may increase or decrease the amount of the salary/wage deferral at any time during the plan year.

Active participants may elect to contribute up to a maximum of $17,500 for the 2014 and 2013 calendar years, respectively. Additionally, those participants who have attained age 50 years during the calendar year are permitted to make "catch-up" contributions. The maximum catch-up contribution to a 401(k) was $5,500 for the 2014 and 2013 calendar years.

Note 1: Description of Plan - continued

The Employer has the option of making a discretionary employer contribution to the Plan. The contribution will either be a uniform percentage of the eligible employees' compensation or a uniform dollar amount. For the year ending September 30, 2014, the employer contribution was $2,872,316.

Total contributions to a participant's account in a given plan year may not exceed the lesser of a statutory maximum amount or 100% of the participant's compensation. For the year ended September 30, 2014 Plan year, the maximum annual addition was $52,000, excluding the catch-up contribution and $57,500 including the catch-up contribution.

Rollover Contributions

Participants may rollover funds from a qualified retirement plan or IRA into the Plan, either directly or within 60 days of receiving the funds. Participants are always 100% vested in any amounts contributed to the Plan as a rollover from another qualified plan or IRA. The Plan accepted $150,929 in rollover contributions for the year ended September 30, 2014.

Vesting and Distributions

Participants are immediately vested in their elective contributions plus earnings thereon. Employer contributions and the earnings vest at the rate of 0% for the first and second year and 100% after two years of service.

Participants also become fully vested in discretionary employer contributions if employed by the Plan sponsor upon reaching early or normal retirement age, or in the event of death or total and permanent disability, or upon plan or partial plan termination.

Amounts contributed through salary/wage reductions may be withdrawn by or distributed to a participant only upon (1) termination of employment or (2) attaining the age of 59 ½ years. Withdrawals prior to attaining age 59 ½ are not permitted except in the event of retirement, disability or as a hardship distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purposes. Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. Employer contributions and earnings thereon may be withdrawn for the above reasons once the participant has been active in the Plan for at least 60 months.

Note 1: Description of Plan - continued

Investment Elections

Each participant may direct that salary deferral and employer contributions be invested in one or more of the common stocks, bonds, mutual funds, stable value fund or a common/collective trust offered by BMO. A participant may change such allocation at any time during the Plan year directly with BMO and may transfer the value of his or her account between the selected funds.

Participant Accounts

Each participant's account is increased by the participant's elective contribution, an allocation of the Company's contribution and net earnings. Each participant's account is reduced by distributions and certain expenses. Allocations are based on active participant eligible compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. There were 155 and 133 active participants or former participants with account balances in the Plan as of September 30, 2014 and 2013, respectively.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested account, annuity payments or annual installments over a time period designated by the participant. If the account balance is less than $5,000 the participant will receive a lump sum distribution, either in cash or may direct a rollover to an IRA or other qualified plan account. For the Plan years ended September 30, 2014 and 2013, the termination distributions were $274,710 and $-0-, respectively.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents forfeiture. Forfeitures can be restored if a terminated employee is rehired and pays back the distribution that was received upon termination within a reasonable amount of time. The forfeiture, or non-vested portion, will automatically be restored. For the Plan years ended September 30, 2014 and 2013, the forfeited non-vested amounts were $-0- and $10,248, respectively.

Note 1: Description of Plan - continued

Death Benefits and Disability

Upon the death or disability of a participant before retirement or before termination of employment, the current balance of the participant's individual account becomes fully vested and is distributable to the participant's designated beneficiary.

Notes Receivable from Participants

Participants in the Plan may borrow up to 50% of their vested account balance (with a minimum of $1,000 and a maximum of $50,000). Loan transactions are treated as transfers between the investment fund and the loan fund. Repayments made on a semi-monthly, monthly or quarterly basis are automatically deducted from the participant's wages. Participants are limited to one loan outstanding at a time. Loan terms range from one to five years, or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest which is commensurate with local prevailing rates as determined by the Plan administrator. Participant loans are valued at amortized cost.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis method of accounting. As permitted by the Department of Labor Regulations, cash basis financial statements that adjust securities investments to fair value are considered to be prepared on a modified cash basis of accounting.

Estimates

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from the estimates.

Note 2: Summary of Accounting Policies- continued

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value, based on the quoted market prices of the funds' underlying investments. Net investment gain includes realized and unrealized gains and losses on investments sold or held during the year. The stable value investment contracts are stated at fair value with an adjustment to contract value in "Net Assets Available for Benefits."

Payment of Benefits

Benefits are recorded when paid. Distributions requested but not paid as of September 30, 2014 totaled $7,814.

Note 3: Investments

Investments consist of common stocks, mutual funds, stable value fund, pooled separate accounts, and common/collective trust funds maintained by BMO. The following tables present the investments at fair value. Investments that represent 5% or more of the Plan's net assets are separately identified (*).

Investments at Fair Value	September 30, 2014
*Pimco Total Return Fund	$ 6,044,324
*Wells Fargo Advantage Growth Fund	5,517,485
*BMO Employee Benefit Stable Princ Fund	5,239,949
*Vanguard Wellington Fund	4,595,020
*Columbia Midcap Index Fund Class Z	4,089,451
*American Europacific Growth Fund	3,939,131
*Vanguard 500 Index Fund - Sign	3,545,699
Other Investments Combined	23,998,785
	$ 56,969,844

The Plan's investments (including investments bought, sold, and held during the year) increased in value as determined by quoted market prices by $3,318,983 for the plan year ended September 30, 2014.

Note 3: Investments - continued

Investments at Fair Value	September 30, 2013
*Pimco Total Return Fund	$ 5,299,123
*Wells Fargo Advantage Growth Fund	5,163,420
*BMO Employee Benefit Stable Princ Fund	4,404,578
*Vanguard Wellington Fund	3,968,496
*Columbia Midcap Index Fund Class Z	3,624,690
*American Europacific Growth Fund	3,250,171
*Vanguard 500 Index Fund - Sign	2,897,181
Other Investments Combined	21,073,605
	$ 49,681,264

Note 4: 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% vested in their accounts.

Note 5: Fair Value Measurement

FASB ASC 820 "Fair Value Measurements" defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets at the measurement date;

Note 5: Fair Value Measurement - continued

Level 2: Quoted prices for similar assets in active markets, inputs other than quoted prices that is observable for the asset either directly, including inputs in markets that are not considered to be active;

Level 3: Inputs that are unobservable and significant to the fair value measurement.

Inputs broadly refer to the assumptions that are used to make valuation decisions, including assumptions about risk. The asset'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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying Statement of Net Assets Available for Benefits measured on a recurring basis and the level within the fair value hierarchy as of:

September 30, 2014	Level 1	Level 2	Level 3	Fair Value
Cash and equivalents	$ -	$ 1,431,717	$ -	$ 1,431,717
Common stocks	2,118,854	1,5274	-	2,134,128
Exchange traded funds	193,690	-	-	193,690
Stable value investment contracts	-	4,595,020	-	4,595,020
Pooled equity funds	42,184,033	-	-	42,184,033
Pooled fixed income funds	6,431,256	-	-	6,431,256
Total	$ 50,927,883	$ 6,042,011	$ -	$ 56,969,844

Note 5: Fair Value Measurement - continued

September 30, 2013	Level 1	Level 2	Level 3	Fair Value
Cash and equivalents	$ -	$ 1,337,663	$ -	$ 1,337,663
Common stocks	1,861,200	13,309	-	1,874,509
Exchange traded funds	349,112	-	-	349,112
Stable value investment contracts	-	4,404,578	-	4,404,578
Pooled equity funds	33,761,500	-	-	33,761,500
Pooled fixed income funds	7,953,902	-	-	7,953,902
Total	$ 43,925,714	$ 5,755,550	$ -	$ 49,681,264

Note 5: Fair Value Measurement - continued

The following is a description of the valuation methodologies used for assets measured at fair value:

Position Description	Valuation Technique
Cash and equivalents	Valued at the net asset value of shares held by the Plan at year end.
Common stocks	Valued at the net asset value of shares held by the Plan at year end.
Corporate bonds	Valued at the net asset value of shares held by the Plan at year end.
Exchange traded funds	Valued at the net asset value of shares held by the Plan at year end.
Stable value investment contracts	Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations.
Pooled equity funds	Valued at the net asset value of shares held by the Plan at year end.
Pooled fixed income funds	Valued at the net asset value of shares held by the Plan at year end.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The pooled separate accounts have various investment objectives based on the underlying securities which can include either an investment in a single mutual fund or investment in multiple types of mutual funds. Generally, there are no restrictions on a participant's ability to redeem their investment in a pooled separate account at the investment's net asset value.

Note 6: Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the data included in the accompanying financial statements and supplemental schedule is complete and accurate.

As of:	September 30, 2014	September 30, 2013
Assets		
Investments at fair value	$ 56,969,844	$ 49,681,264

For the years ended:	September 30, 2014
Investment Income	
Net realized and unrealized investment gain	$ 3,318,983
Dividends and interest	734,697
Other investment income	399,003
Total Investment Income	$ 4,452,683

Note 7: Income Tax Status

Effective October 1, 2009, the Company adopted a volume submitter profit sharing/401(k) plan provided by BMO. The volume submitter plan received Internal Revenue Service approval on November 2, 2012. The Plan Administrator asserts the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and that the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of September 30, 2014 and 2013.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits of any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

Note 8: Stable Value Investment Contract

The Plan offers the Employee Benefit Stable Principal Fund ("the Fund") as one of the investment options for the Plan participants. The Fund is a collective investment trust designed for tax-exempt retirement plans. The objective of the Fund is to provide a diversified group of investments offering competitive levels of yield consistent with stable fixed-income methodology and the careful and prudent assumption of investment risk providing for preservation of capital, stability and predictability of returns, liquidity to pay plan benefits and high credit quality. The Fund seeks to achieve this objective by investing in conventional, synthetic and separate account investment contracts (collectively "contracts") issued by life insurance companies, banks and other financial institutions. Characteristics of these contracts allow for their principal value to remain stable regardless of the volatility of the financial markets.

As described in FASB ASC 962-325, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the ASC, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Because the Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment.

The crediting rate is calculated by the Fund and is reviewed by the Fund on a monthly basis for resetting. A number of factors can influence future crediting rates, which may include but are not limited to: portfolio cash flows, underlying portfolio performance, current market interest rates for reinvestment, duration posture, change in credit ratings, default or bankruptcy by an asset or wrap issuer, the unexpected receipt of principal and interest payments, extraordinary withdrawals and certain wrap contract terms, including wrap fees.

Note 8: Stable Value Investment Contract – continued

According to BMO, the average yield was 2.21% and 2.16%, while the crediting interest rate was 1.81% and 1.86% for the years ended September 30, 2014 and 2013, respectively.

An issuer can terminate a stable value investment contract within the Fund upon the event of default by the contract holder, advisor or trustee if the issuer determines in its reasonable discretion, such event has had, or is likely to have a material adverse effect on the issuer's interest with respect to the contract. Such events may include but are not limited to: management of the portfolio is not in accordance with investment guidelines, a breach of any material obligation under the wrap agreement, any representation or warranty made by the contract holder which is untrue in any material way, a replacement of the advisor without prior consent of the issuer, the Fund is terminated or ceases to qualify as a group trust or plans cease to meet the appropriate tax qualifications, or the wrap becomes a prohibited transaction within the meaning of Section 406 of ERISA.

The Fund could be limited in its ability to transact at contract value with the issuer if the Fund raises its risk profile or is subjected to an extended period of significant cash outflow. There is no reserves against contract value for credit risk of the contract issuer or otherwise.

Note 9: Party-in-Interest Transactions

Certain plan investments are units of pooled separate accounts managed by BMO. BMO is the trustee and third party administrator for the Plan and therefore, qualifies as a party-in-interest.

Note 10: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits from the financial statements at September 30, 2014 and 2013 to the net assets on Form 5500, Schedule H:

	2014	2013
Net Assets Available for Benefits per the financial statements	$ 57,376,346	$ 50,008,531
Add:		
Adjustment from contract value to fair value for fully benefit-responsive stable value investment contracts	45,495	43,610
Amounts allocated to excess participant contributions	7,033	53,107
Net Assets Available for Benefits on Form 5500, Schedule H	$ 57,428,874	$ 50,105,248

The stable value investment contract is presented at fair market value on the September 30, 2014 and 2013 Form 5500.

Note 10: Reconciliation of Financial Statements to Form 5500 - continued

The following is a reconciliation of net increase in net assets per the financial statements to the net increase on the Form 5500 for the year ended September 30,

	2014
Net increase in net assets per the financial statements	$ 7,367,815
Add adjustment from contract value to fair value for fully benefit-responsive stable value investment contracts for 2014	1,885
Add current year excess participant contributions	7,033
Less excess prior year participant contributions	(53,107)
Net income per Form 5500	$ 7,323,626

Note 11: Compliance with Internal Revenue Code and Employee Retirement Income Security Act of 1974 (ERISA)

During the year ended September 30, 2014, the Plan was in compliance with the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA).

The plan sponsor made an untimely contribution to the Plan. The Department of Labor which oversees the timing of employee contribution remittance requires that employees' contributions must be transmitted to the investment provider by the earliest of (1) 15 business days following the month in which the amount was withheld from the employee's pay, or (2) the earliest date on which it is administratively feasible to remit the contributions. The Plan sponsor uses a third party payroll administrator and is thus able to identify and remit payment within three days of the pay date. As such the plan sponsor's contribution, which was remitted 15 business days after the earliest date on which it was administratively feasible, was considered a prohibited transaction under ERISA.

Note 12: Subsequent Events

The Plan Administrator has evaluated subsequent events through June 26, 2015, the date which the financial statements were issued.

No material subsequent events were noted.

SUPPLEMENTAL SCHEDULE

TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED SEPTEMBER 30, 2014
EMPLOYER I.D. #95-3526665
PLAN #001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment Including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Funds	Vanguard Wellington Fund	**	$ 6,044,324
	Wells Fargo Funds	Wells Fargo Advantage Growth Fund	**	5,517,485
	Putnam Funds	Putnam Income Fund R6 #8803	**	5,239,949
*	BMO Funds	BMO Employee Benefit Stable Principal Fund	**	4,595,020
	Vanguard Funds	Vanguard Mid-Cap Index Fund	**	4,089,451
	Various	Other Investments	**	4,020,078
	Vanguard Funds	Vanguard 500 Index Fund Adm #540	**	3,939,131
	American Funds	American Europacific Growth Fund	**	3,545,699
	Brown Capital Management	Brown Capital Management Small Company Fund Investor	**	2,248,206
	Putnam Funds	Putnam Equity Income Fund	**	2,178,492
	Fidelity Funds	Fidelity Low Priced Stock Fund #316	**	2,071,782
	Harbor Funds	Harbor International Fund Inst #2011	**	1,590,028
	DFA Funds	DFA Us Small Cap Value Portfolio	**	1,570,612
	Vanguard Funds	Vanguard Target Retirement 2010 Fund	**	1,531,686
	Vanguard Funds	Vanguard Total Bond Market Index Fund	**	1,122,961
	Oakmark Funds	Oakmark Fund Class I #110	**	967,766
	Principal Investors Funds	Principal Investors Fd Inc - Real Estate Securities Fd	**	952,914
	DFA Funds	DFA Emergining Markets Core Equity	**	630,759
	Vanguard Funds	Vanguard Target Retirement 2025 Fund	**	596,001
	Vanguard Funds	Vanguard Target Retirement 2035 Fund	**	591,143
	Vanguard Funds	Vanguard Target Retirement 2050 Fund	**	586,142
	Wells Fargo Funds	Wells Fargo Advantage Discovery Fund	**	530,541
	Vanguard Funds	Vanguard Small-Cap Index Fund	**	436,245
	Vanguard Funds	Vanguard Target Retirement 2015 Fund	**	433,427
	Vanguard Funds	Vanguard Target Retirement 2040 Fund	**	359,262
	Vanguard Funds	Vanguard Target Retirement Fund #308	**	352,242
	Vanguard Funds	Vanguard Target Retirement 2045 Fund	**	292,650
	Vanguard Funds	Vanguard Target Retirement 2020 Fund	**	291,656
	Vanguard Funds	Vanguard Total International Stock Index Fund #569	**	209,540
	Vanguard Funds	Vanguard Target Retirement 2030 Fund	**	195,089
	Hotchkis & Wiley Funds	Hotchkis & Wiley Mid-Cap Value Fund	**	171,217
	DFA Funds	DFA Inflation Protected Securities	**	68,346
*	Participant Loans	Interest Rate Range 3.25% To 8.00%	**	445,098
				$ 57,414,942

* A party-in-interest as defined by ERISA

** Cost omitted by participant directed investments

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

TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2013
EMPLOYER I.D. #95-3526665
PLAN #001

	Total Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP
Check here if late participant loan repayments are included: ☑				
✓	$ -	$ 5,392	$ -	$ -

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

Attachment to 2013 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name TOYON RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN **EIN:** 95-3526665
Plan Sponsor's Name TOYON RESEARCH CORPORATION **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	0	5,392	0	0