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

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
- [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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1980

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.

12800 CENTER COURT DRIVE
SUITE 300
CERRITOS, CA 90703

2b Employer Identification Number (EIN)
95-3378600

2c Plan Sponsor's telephone number
562-653-3200

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	PATTY NOBLE
	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	**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**	290
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)**	249
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	244
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	50
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	294
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	294
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	269
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2H 2J 2K 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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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)	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.**	**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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C. 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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.

D Employer Identification Number (EIN)
95-3378600

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

MANNING & NAPIER ADVISORS INC.

45-3240790

(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?
28 50	NONE	125222	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARRIS ASSOCIATES LP

04-3276558

(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?
28 50	NONE	51195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHWAB RETIREMENT PLAN SERVICES

34-1479833

(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 50 59 64	NONE	45868	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

ALPHAPOINT, INC.

14-1884337

(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?
49 50	NONE	15000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 52 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. AND AFFILIATES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C. 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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.

D Employer Identification Number (EIN)
95-3378600

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: GALLIARD RET INCOME FD CL 60

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY

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)
20-5886387-082	C	3701372

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

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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C. 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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.

D Employer Identification Number (EIN)
95-3378600

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	0	273
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2635543	2598939
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	74643	738328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2465389	5675305
(2) U.S. Government securities	1c(2)	4931773	8220815
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1278817	1563992
(B) All other	1c(3)(B)	1258483	1355574
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	37765376	40456709
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	100000	100000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1017549	1109409
(9) Value of interest in common/collective trusts	1c(9)	2188793	3701372
(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)	44487553	45698071
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1536715	528975

		(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	99740634	111747762
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	2404032
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	2404032
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	99740634	109343730

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)	3684179	
(B) Participants	2a(1)(B)	2169634	
(C) Others (including rollovers)	2a(1)(C)	122836	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5976649
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11073	
(B) U.S. Government securities	2b(1)(B)	144688	
(C) Corporate debt instruments	2b(1)(C)	28783	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	37206	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		221750
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	724734	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2909339	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3634073
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21758896	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19553929	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2204967
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1080828	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1080828

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		34681
(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)		143002
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13295950
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3338668	
(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)		3338668
f Corrective distributions (see instructions)	2f		21888
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	4283	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	282072	
(4) Other	2i(4)	45943	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		332298
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3692854
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9603096
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: WINDES, INC. **(2)** EIN: 95-3001179

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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

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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C. 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
ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.

D Employer Identification Number (EIN)
95-3378600

Part I Distributions

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

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

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Atkinson, Andelson, Loya, Ruud & Romo, A.P.C. 401(k) Profit Sharing Plan

Financial Statements

December 31, 2014

WINDES
AUDIT | TAX | ADVISORY

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WINDES
AUDIT | TAX | ADVISORY

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Atkinson, Andelson, Loya, Ruud & Romo,
A.P.C. 401(k) Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Atkinson, Andelson, Loya, Ruud & Romo, A.P.C. 401(k) Profit Sharing 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

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 the 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 4, which was certified by Charles Schwab Bank, State Street, and Wilmington Trust Retirement and Institutional Services Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians 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 custodians 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 and supplemental schedule of reportable transactions for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules.

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 schedules, other than that derived from the information certified by the custodians, 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.

Windes, Inc.

Long Beach, California
October 12, 2015

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2014	December 31, 2013
ASSETS		
Investments, at fair value:		
Money market funds	$ 5,675,578	$ 2,465,389
Certificates of deposit	1,253,130	1,258,483
Mutual funds	46,062,841	44,759,800
Common stock	40,091,939	37,493,129
Corporate bonds	413,519	
U.S. Government securities	9,473,733	6,210,590
Municipal securities	528,974	1,536,715
Common collective trust –		
Retirement Income Fund	3,701,372	2,188,793
Real estate	100,000	100,000
Total investments, at fair value	107,301,086	96,012,899
Receivables:		
Employer contributions	2,598,939	2,635,543
Notes receivable from participants	1,109,409	1,017,549
Receivables from securities sold	646,706	
Other receivables	91,622	74,643
Total receivables	4,446,676	3,727,735
TOTAL ASSETS	111,747,762	99,740,634
LIABILITIES		
Payables for securities purchased	2,404,032	
TOTAL LIABILITIES	2,404,032	
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	109,343,730	99,740,634
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	173,017	91,117
NET ASSETS AVAILABLE FOR BENEFITS	$109,516,747	$ 99,831,751

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

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 3,545,378
Interest	184,544
Dividends	3,634,073
Total investment income	7,363,995
Interest income on notes receivable from participants	37,206
Contributions:	
Employer	3,684,179
Participant	2,169,634
Participant rollovers	122,836
Total contributions	5,976,649
Total additions	13,377,850
Deductions from net assets attributed to:	
Benefits paid to participants	3,360,556
Administrative expenses	50,226
Investment advisory fees	282,072
Total deductions	3,692,854
Net increase	9,684,996
Net assets available for benefits:	
Beginning of year	99,831,751
End of year	$ 109,516,747

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

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014

NOTE 1 – Description of the Plan

The following description of the Atkinson, Andelson, Loya, Ruud & Romo, A.P.C. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible permanent, part-time and full-time employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrative Committee (Committee) is responsible for oversight of the Plan. The Committee meets with the plan investment advisors to review and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Eligibility Requirements

Employees become eligible to participate in the Plan and make deferral contributions to the Plan after quarterly enrollment dates, coincident or following their employment commencement date. Employees become eligible to receive the Non-Safe Harbor Non-elective Contributions (as defined) after the applicable entry date upon reaching the age of 18, and being credited with one year and 1,000 hours of service.

Plan Administration

The Plan's administrator is the Company. Charles Schwab Bank (Charles Schwab) is the custodian of all participant directed investments except the Retirement Income Fund, for which Wilmington Trust Retirement and Institutional Services Company (Wilmington) is the custodian. State Street is the custodian of all non-participant directed investments. Charles Schwab is the Plan's trustee. The Company and the custodians have certain responsibilities as described by the Plan document and the Trust agreement.

NOTE 1 – Description of the Plan (Continued)

Contributions

Each participant may elect to contribute a prescribed percentage of his or her compensation to the Plan. For employees who elect to participate, such percentage shall not be less than 1% nor exceed 100% of eligible compensation as defined under the Plan, subject to certain Internal Revenue Service (IRS) limitations up to a maximum amount of $17,500 for the 2014 Plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants that are 50 years of age or older who have met the IRS deferral limit or the specified plan limits, may contribute a catch-up deferral of up to $5,500 for 2014.

The Plan also provides for discretionary Non-Safe Harbor Matching Contributions. Participants are eligible to receive Non-Safe Harbor Matching Contributions after one year of service has been completed. During the year ended December 31, 2014, the Company made Non-Safe Harbor Matching Contributions equal to 25% of each employee's contributions, up to 4% of the employee's compensation, as defined. For the year ended December 31, 2014, Non-Safe Harbor Matching Contributions totaled approximately $261,000.

The Plan also permits the Company to make discretionary Non-Safe Harbor Non-Elective Contributions to participants' accounts. For the year ended December 31, 2014, Non-Safe Harbor Non-Elective Contributions, net of forfeitures, to the Plan totaled approximately $3,423,000. Non-Safe Harbor Non-Elective Contributions are non-participant directed and are invested in a portfolio of investments at the direction of the Company. A noninterest bearing cash account is maintained to provide available liquidity for distributions. Contributions are subject to IRS certain limitations.

Participant and Company matching contributions to each participant's account are self-directed by the participant in one or more of the investment choices offered under the Plan. The Plan currently offers mutual funds and a common collective trust. Participants' contributions must be allocated among the available investment choices in whole percentages. Participants may change their self-directed investment elections at any time via direct phone or via internet access with the custodians.

NOTE 1 – Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and Non-Safe Harbor matching contributions, as well as Non-Safe Harbor Non-Elective contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, the Non-Safe Harbor Matching Contributions, and the earnings thereon. Vesting in the Company's discretionary Non-Safe Harbor Non-Elective Contributions portion of their accounts is based on years of continuous service. Participants vest in Non-Safe Harbor Non-Elective Contributions in accordance with the following schedule:

Years of Service	Vested Percentage
1 or-less	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 0.50% above the prime rate, as defined. Principal and interest are paid ratably through monthly payroll deductions.

NOTE 1 – Description of the Plan (Continued)

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period that does not exceed beyond the life of the participant. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Withdrawals by participants from their accounts are permitted in accordance with the Plan's provisions.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited balances totaled $38,243 and $9,308, respectively. These accounts will be used to pay administrative expenses or to reduce future Company contributions. During the year ended December 31, 2014, administrative expenses of $19,283 were paid from forfeited non-vested accounts. Additionally, for the years ended December 31, 2014 and 2013, a total of $37,952 and $8,656, respectively, of forfeitures were used to reduce employer discretionary contributions.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

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. The statements of net assets available for benefits present the fair value of the investment contract, as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract-value basis for fully benefit-responsive investment contracts.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 5 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

In-Service Withdrawals

Participants who are at least 59½ years of age are entitled to receive a distribution of all or any portion of their vested account balance.

Hardship withdrawals, which meet a hardship purpose of immediate and heavy financial need, are permitted as provided in the plan agreement. Such amounts may be subjected to certain income tax penalties.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses that may be in addition to the investment advisory fees reported are included in net appreciation in fair value investments.

Subsequent Events

Management of the Plan evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

NOTE 3 – Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31,	
	2014	**2013**
Participant Directed:		
Schwab S&P 500 Index Fund	$ 6,659,913	$ 5,486,502

NOTE 3 – Investments (Continued)

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $3,545,378 as follows:

Common stock	$ 3,316,877
Mutual funds	143,002
U.S. Government Securities	41,838
Municipal securities	8,980
Common collective trusts	34,681
	$ 3,545,378

Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	December 31, 2014	December 31, 2013
Assets:		
Money market funds	$ 5,675,578	$ 2,465,389
Certificates of deposit	1,253,130	1,258,483
Mutual funds	9,413,992	10,066,926
Common stock	40,091,939	37,493,129
Corporate bonds	413,519	
U.S. Government securities	9,473,733	6,210,590
Municipal securities	528,974	1,536,715
Real estate	100,000	100,000
Employer contribution receivable	2,598,939	2,635,543
Receivables from securities sold	646,706	
Other receivables	91,622	74,643
Total Assets	70,288,132	61,841,418
Liabilities:		
Payables for securities purchased	2,404,032	
Total Liabilities	2,404,032	
Net Assets	$67,884,100	$61,841,418

NOTE 3 – Investments (Continued)

	For the Year Ended December 31, 2014
Changes in net assets:	
Employer contributions	$ 3,419,853
Net appreciation in fair value of investments, interest and dividends	4,419,546
Net transfers to participant-directed investments	(123,581)
Benefits paid to participants	(1,626,411)
Administrative expenses	(28,397)
Total	$ 6,042,682

NOTE 4 – Information Prepared and Certified by the Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab, Wilmington and State Street, the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments and notes receivable from participants:

- Investments at fair value, excluding real estate
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets held at end of year
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 5 – Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

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

The asset 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.

NOTE 5 – Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Money market funds and certificates of deposit: Valued at cost.

Common stock, U.S. government securities and municipal securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Common collective trusts: Valued at fair value by determining quoted prices in active markets of the underlying units, less liabilities. (See Note 6.)

Real Estate

The Plan's real estate investment consists of undeveloped land located in Riverside County, California. The plan administrator estimated a fair value of $100,000 based upon a 2012 appraisal performed by an independent commercial real estate appraiser which considered recent sales of comparable properties. This investment has been included in Level 3 of the valuation hierarchy.

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

NOTE 5 – Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2014 and 2013:

	Assets at Fair Value at December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 5,675,578			$ 5,675,578
Certificates of deposit	1,253,130			1,253,130
Mutual funds:				
Bond	3,732,470			3,732,470
Large Growth	6,155,279			6,155,279
Foreign Large Blend	4,908,691			4,908,691
Large Blend	6,659,913			6,659,913
Large Value	3,616,068			3,616,068
Intermediate Term Bond	2,340,575			2,340,575
Technology	1,878,408			1,878,408
Mid-Cap Growth	4,334,126			4,334,126
Mid-Cap Value	2,624,561			2,624,561
Moderate Allocation	2,232,026			2,232,026
High Yield Bond	1,621,834			1,621,834
International	1,577,709			1,577,709
Small-Cap Blend	2,069,022			2,069,022
Real Estate	1,163,604			1,163,604
Small-Cap Growth	268,882			268,882
Financial	879,673			879,673
Total mutual funds	46,062,841			46,062,841

NOTE 5 – Fair Value Measurements (Continued)

	Assets at Fair Value at December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stock:				
Services	14,185,162			14,185,162
Technology	7,005,439			7,005,439
Financial	7,801,765			7,801,765
Healthcare	2,980,737			2,980,737
Energy	4,008,755			4,008,755
Materials	3,869,224			3,869,224
Depository Receipts	240,857			240,857
Total common stock	40,091,939			40,091,939
Corporate bonds	413,519			413,519
U.S. government securities	9,473,733			9,473,733
Municipal securities	528,974			528,974
Common collective trust Retirement Income Fund		$ 3,701,372		3,701,372
Real estate			$ 100,000	100,000
	$103,499,714	$ 3,701,372	$ 100,000	$107,301,086

NOTE 5 – Fair Value Measurements (Continued)

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 2,465,389			$ 2,465,389
Certificates of deposit	1,258,483			1,258,483
Mutual funds:				
Bond	4,651,559			4,651,559
Large Growth	5,747,031			5,747,031
Foreign Large Blend	5,080,056			5,080,056
Large Blend	5,486,502			5,486,502
Large Value	3,486,287			3,486,287
Intermediate Term Bond	2,488,527			2,488,527
Technology	3,178,243			3,178,243
Mid-Cap Growth	2,501,761			2,501,761
Mid-Cap Value	2,377,780			2,377,780
Moderate Allocation	1,988,616			1,988,616
High Yield Bond	1,607,187			1,607,187
International	1,706,760			1,706,760
Small-Cap Blend	1,899,002			1,899,002
Real Estate	895,648			895,648
Small-Cap Growth	938,248			938,248
Financial	726,593			726,593
Total mutual funds	44,759,800			44,759,800

NOTE 5 – Fair Value Measurements (Continued)

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Common stock:				
Services	15,084,064			15,084,064
Technology	8,218,118			8,218,118
Financial	5,069,480			5,069,480
Healthcare	2,408,360			2,408,360
Energy	3,132,923			3,132,923
Materials	3,284,780			3,284,780
Depository Receipts	295,404			295,404
Total common stock	37,493,129			37,493,129
U.S. government securities	6,210,590			6,210,590
Municipal securities	1,536,715			1,536,715
Common collective trust Retirement Income Fund		$ 2,188,793		2,188,793
Real estate			$ 100,000	100,000
	$ 93,724,106	$ 2,188,793	$ 100,000	$ 96,012,899

There was no change in the estimated fair value of the level 3 investment during the year ended December 31, 2014.

NOTE 6 – Guaranteed Investment Contract with Charles Schwab

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reporting to the Plan by Charles Schwab and Wilmington, 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 at contract value.

There are no reserves against contract value for credit risk of the contract issue or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $3,701,372 and $2,188,793, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit Charles Schwab to terminate the agreement prior to the scheduled maturity date.

Average yields:

	2014	2013
Based on actual earnings	1.47%	1.82%
Based on interest rate credited to participants	0.97%	2.08%

NOTE 7 - Related-Party Transactions and Party-In-Interest Transactions

Certain plan investments are investment funds managed by the custodians. The custodians are considered parties-in-interest under ERISA. Fees incurred by the Plan for the investment management services are not included in the investment advisory fees reported, are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a directly payment. As described in Note 2, the Plan made direct payments to the custodians of $50,226 for administrative services and $282,072 for investment advisory services, which were not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

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 or to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their employer contributions.

NOTE 9 - Tax Status

The IRS has determined and informed the Company by a letter dated July 7, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2011.

NOTE 10 – Risks and Uncertainties

The Plan invests in various investment securities and real estate. These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

NOTE 11 – Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to the Form 5500:

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	$109,516,747	$ 99,831,751
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(173,017)	(91,117)
Net assets available for benefits per the Form 5500	$109,343,730	$ 99,740,634

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2014:

Net increase in net assets available for benefits per the financial statements	$ 9,684,996
Less: 2014 adjustment from fair value to contract value for fully benefit-responsive investment contracts	(173,017)
Add: 2013 adjustment from fair value to contract value for fully benefit-responsive investment contracts	91,117
Net income per the Form 5500	$ 9,603,096

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001
DECEMBER 31, 2014

Identity of Issuer	Description of Investment	Principal of Shares	Cost	Value
State Street				
* SSGA Govt MM Fund	Money Market	5,368,108	5,368,108	$ 5,368,108
* Schwab Value Advantage Money Fund	Money Market	307,197	307,197	307,470
				5,675,578
State Street				
Ally Bank 7/15	Certificate of Deposit	250,000	249,711	250,937
Cardinal Bank	Certificate of Deposit	250,000	250,661	251,129
Discover Bank	Certificate of Deposit	245,000	246,168	247,430
GE Capital Bank 7/16	Certificate of Deposit	250,000	250,000	251,730
Sallie Mae Bank 9/16	Certificate of Deposit	250,000	249,945	251,904
				1,253,130
State Street				
Manning & Napier Fund Core Bond	Mutual Fund	254,541	2,858,384	2,680,316
Manning & Napier High Yield Bond Fund	Mutual Fund	44,531	486,819	447,088
Biomed Realty Trust, Inc. REIT	Mutual Fund	1,980	36,725	42,649
Corporate Office Properties REIT	Mutual Fund	1,550	38,247	43,974
Manning & Napier Fund International	Mutual Fund	114,015	1,209,523	1,151,550
Manning & Napier Fund World Opportunity	Mutual Fund	58,139	492,973	426,159
Manning & Napier Fund Financial	Mutual Fund	90,782	912,017	879,673
Manning & Napier Fund Emerging Market	Mutual Fund	29,100	294,098	268,882
Manning & Napier Inflation Focused Equity Fund	Mutual Fund	26,075	264,830	285,261
Manning & Napier Real Estate Fund	Mutual Fund	51,671	666,949	798,834
Weyerhaeuser Co. Real Estate Fund	Mutual Fund	7,750	223,416	278,148
Focused Opportunities Series Fund	Mutual Fund	92,749	897,498	930,268
Dynamic Opportunities Series Fund	Mutual Fund	119,312	1,140,295	1,181,190
Charles Schwab				
Allianz GI Technology A	Mutual Fund		(a)	1,878,408
American Balanced Fund	Mutual Fund		(a)	2,232,026
American Washington Mutual A Fund	Mutual Fund		(a)	3,616,067
Artisan International Value Fund	Mutual Fund		(a)	1,858,299
Artisan Mid-Cap Value Fund	Mutual Fund		(a)	1,214,364
Columbia Mid-Cap Index Z Fund	Mutual Fund		(a)	1,410,196
Columbia Small-Cap Index Z Fund	Mutual Fund		(a)	915,269
Europacific Growth Fund	Mutual Fund		(a)	3,050,392
JP Morgan Government Bond A Fund	Mutual Fund		(a)	605,067
PIMCO High Yield Fund Class D	Mutual Fund		(a)	1,621,834
PIMCO SMCAP Stocksplus AR D	Mutual Fund		(a)	1,153,753
PIMCO Total Return D Fund	Mutual Fund		(a)	2,340,575

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001
DECEMBER 31, 2014
(Continued)

Identity of Issuer	Description of Investment	Principal of Shares	Cost	Value
Charles Schwab (Continued)				
Prudential Jennison 20/20 Focus A Fund	Mutual Fund		(a)	771,409
Prudential Jennison Mid Cap Growth A Fund	Mutual Fund		(a)	1,937,407
* Schwab S&P 500 Index Fund	Mutual Fund		(a)	6,659,913
T. Rowe Price Growth Stock Advantage Fund	Mutual Fund		(a)	5,383,870
				46,062,841
State Street				
Ambev	Common stock	26,790	182,646	166,633
Apache Corp	Common stock	1,510	129,156	94,632
Apollo Education Group Inc.	Common stock	6,250	197,064	213,188
AMC Networks Inc.	Common stock	7,540	456,385	480,826
Cameron International	Common stock	6,180	347,926	308,691
Catamaran Corp.	Common stock	8,160	344,909	422,280
DR Horton	Common stock	5,450	111,741	137,831
Anheuser Busch	Common stock	3,260	281,120	370,256
Diageo PLC	Common stock	12,680	356,324	365,472
HSBC Holdings PLC	Common stock	33,850	345,815	321,223
Nestle SA Reg	Common stock	4,580	303,876	336,246
Ebay Inc.	Common stock	6,920	351,610	388,350
General Electric	Common stock	22,740	567,069	574,640
Joy Global	Common stock	6,060	338,988	281,911
lululemon athletica	Common stock	5,920	346,709	330,277
Peabody Energy Corp.	Common stock	33,630	519,193	260,296
Popular Inc.	Common stock	5,700	193,628	194,085
Priceline Group Inc.	Common stock	230	284,014	262,248
Realogy Holdings	Common stock	4,660	203,106	207,323
Sanofi ADR	Common stock	7,500	374,444	342,075
Sinclair Broadcast	Common stock	8,930	262,855	244,325
SLM Corp	Common stock	25,160	228,486	256,380
Starz	Common stock	8,290	187,370	246,213
Toll Brothers Inc.	Common stock	2,990	108,630	102,467
Tribune Media Co.	Common stock	2,820	163,224	168,551
Trip Advisor Inc.	Common stock	3,400	289,294	253,844
Twenty First Century Fox	Common stock	13,380	435,881	513,859
Yum Brands Inc.	Common stock	2,180	147,205	158,813
Aflac	Common stock	22,000	1,272,471	1,343,980
General Motors	Common stock	40,000	1,306,987	1,396,400
Glencore PLC	Common stock	65,200	611,028	601,796
National Oilwell Varco	Common stock	11,500	708,761	753,595
Now Inc.	Common stock	3,125	83,684	80,406

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001
DECEMBER 31, 2014
(Continued)

Identity of Issuer	Description of Investment	Principal of Shares	Cost	Value
State Street (Continued)				
Oracle Corp	Common stock	33,000	1,159,556	1,484,010
TD Ameritrade Holding Corp.	Common stock	34,000	1,062,630	1,216,520
Ultra Petroleum	Common stock	61,200	1,198,487	805,392
Weatherford International Limited	Common stock	20,260	313,359	231,977
Alcoa Inc.	Common stock	21,800	175,218	344,222
Amazon.com Inc.	Common stock	810	262,351	251,384
Cerner Corp. common stock	Common stock	8,550	401,689	552,843
EMC Corp/Mass common stock	Common stock	18,150	438,250	539,781
EOG Resources, Inc. common stock	Common stock	820	43,697	75,497
Electronic Arts, Inc. common stock	Common stock	9,860	140,765	463,568
Express Scripts Holding Co.	Common stock	4,680	343,119	396,256
Facebook Inc.	Common stock	2,950	179,212	230,159
Gannet Co.	Common stock	12,400	370,004	395,932
Google, Inc. Class A common stock	Common stock	350	84,956	185,731
Google, Inc. Class C common stock	Common stock	350	85,179	184,240
Hess Corp. common stock	Common stock	7,620	353,215	562,508
Johnson & Johnson, Inc. common stock	Common stock	2,230	177,298	233,191
Juniper Networks, Inc. common stock	Common stock	27,710	531,106	618,487
Lennar Corp.	Common stock	2,780	106,549	124,572
Liberty Global PLC	Common stock	3,400	143,236	170,697
Mastercard Inc. Class A	Common stock	2,250	166,963	193,860
Monsanto Co. common stock	Common stock	6,170	579,819	737,130
Mosaic Co.	Common stock	6,830	335,508	311,790
Schlumberger Ltd. common stock	Common stock	3,800	295,390	324,558
Verifone Systems, Inc. common stock	Common stock	6,020	158,904	223,944
Viacom, Inc. Class B common stock	Common stock	5,850	355,962	440,213
Visa, Inc. Class A common stock	Common stock	430	89,784	112,746
Visa, Inc. Class A common stock	Common stock	4,000	297,764	1,048,800
American International Group common stock	Common stock	22,000	778,872	1,232,220
Calpine Corp.	Common stock	48,000	970,471	1,062,240
Howard Hughes Corp.	Common stock	1,500	88,898	195,630
Illinois Tool Works common stock	Common stock	4,000	219,968	378,800
Intel Corp. common stock	Common stock	32,700	748,409	1,186,683
JP Morgan Chase & Co. common stock	Common stock	26,500	1,156,721	1,658,370
Liberty Interactive Corp. common stock	Common stock	43,000	577,522	1,265,060
Medtronic, Inc. common stock	Common stock	12,000	452,347	866,400
Range Resources Corp. common stock	Common stock	2,300	157,512	122,935
Rowan Companies PLC	Common stock	44,000	1,384,481	1,026,080
Tenet Healthcare Corp. common stock	Common stock	11,500	250,272	582,705

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001
DECEMBER 31, 2014
(Continued)

Identity of Issuer	Description of Investment	Principal of Shares	Cost	Value
State Street (Continued)				
Texas Instruments, Inc. common stock	Common stock	8,000	234,983	427,720
Unilever Plc. common stock	Common stock	5,950	188,287	240,856
Wal Mart Stores, Inc. common stock	Common stock	19,000	1,254,100	1,631,720
Wells Fargo & Co. common stock	Common stock	26,500	779,139	1,452,730
TE Connectivity Ltd. common stock	Common stock	15,000	496,951	948,750
Unilever ADR	Common stock	29,000	1,006,724	1,173,920
				40,091,939
State Street				
American Express Credit	Corporate Bond	95,000	97,938	97,835
American International Group	Corporate Bond	95,000	106,208	106,294
BB&T Corporation	Corporate Bond	95,000	102,829	102,444
General Electric Corp.	Corporate Bond	95,000	106,568	106,946
				413,519
State Street				
Federal Home Loan Pool C09044	U.S. Gov't Securities	363,456	376,170	378,429
Federal Home Loan Pool A57663	U.S. Gov't Securities	311,154	346,210	347,254
Federal Home Loan Pool J28194	U.S. Gov't Securities	262,996	272,838	273,385
Federal Home Loan Pool J15952	U.S. Gov't Securities	71,698	74,379	74,620
Fannie Mae Pool AL2617	U.S. Gov't Securities	403,770	453,122	458,175
Fannie Mae Pool AT8912	U.S. Gov't Securities	201,847	202,603	204,537
Fannie Mae Pool AB8464	U.S. Gov't Securities	218,470	209,770	213,671
Farmer Mac Notes 04/18	U.S. Gov't Securities	1,000,000	999,525	994,672
Federal Farm Credit Bank Bonds 04/19	U.S. Gov't Securities	500,000	499,819	495,092
Fannie Mae Notes 3/16	U.S. Gov't Securities	500,000	508,525	510,572
Fannie Mae Notes 12/18 Variable	U.S. Gov't Securities	500,000	500,000	498,874
Fannie Mae Notes 3/20 Variable	U.S. Gov't Securities	750,000	750,000	751,775
Freddie Mac Notes 9/15 1.75	U.S. Gov't Securities	1,765,000	1,783,406	1,783,280
Freddie Mac Notes 9/17	U.S. Gov't Securities	500,000	498,089	499,104
Private Export Funding U.S. Gov't Guranteed 11/15	U.S. Gov't Securities	474,000	491,314	493,013
Private Export Funding U.S. Gov't Guranteed 7/16	U.S. Gov't Securities	250,000	254,966	255,112
Private Export Funding U.S. Gov't Guranteed 2/17	U.S. Gov't Securities	500,000	499,906	504,792
Fannie Mae Notes 6/19	U.S. Gov't Securities	750,000	749,721	737,376
				9,473,733
State Street				
Ohio St. OHS	Municipal Securities	500,000	543,160	528,974

See Independent Auditors' Report

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4i –
SCHEDULE OF ASSETS HELD AT END OF YEAR
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001
DECEMBER 31, 2014
(Continued)

Identity of Issuer	Description of Investment	Principal of Shares	Cost	Value
Wilmington Trust				
Galliard Retirement Income Fund	Comm Coll Trust		(a)	3,701,372
Land	Undeveloped land – .87 acres in Riverside County, California			100,000
* Notes receivable from participants	3.75% to 5.25%		(a)	1,109,409
				$108,410,495

(a) The investment is a participant directed investment and, therefore, as allowed by Department of Labor reporting standards, the cost information has been omitted.

* Parties-in-interest

ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A.P.C.
401(k) PROFIT SHARING PLAN

SCHEDULE H, PART IV, ITEM 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014
EMPLOYER I.D. 95-3378600
PLAN NUMBER 001

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity)	Number of Transactions	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Atkinson, Andelson, Loya, Ruud & Romo 401(k) Profit Sharing Plan	Interest Bearing Cash	93	$ 8,430,465	$ 6,975,652	$ -	$ 6,975,652	$ 15,406,117	$ -
Atkinson, Andelson, Loya, Ruud & Romo 401(k) Profit Sharing Plan	U.S. Government Securities	3	$ 2,999,000	$ 3,000,000	$ -	$ 2,999,122	$ 5,999,000	$ 878

The above presents single transactions, or a series of transactions in securities of the same issue, that are in excess of 5% of the current value of the plan assets at January 1, 2014.

See Independent Auditors' Report

Atkinson, Andelson, Loya, Ruud & Romo, A Professional Corporation 401(k) Profit Sharing Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2014

EIN: 95-3378600
Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	**EIN**	**Formula**
Allianz Funds	06-1349805	Range of 0.40 - 0.50% of average daily balance of assets
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Columbia	93-0577450	Rate of 0.10% of average daily balance of asset(s)
Prudential Investments	22-3703799	Range of 0.40 - 0.50% of average daily balance of assets
Schwab Funds	94-3106735	Range of 0.02 - 0.04% of average daily balance of assets
T. Rowe Price	52-2264646	Rate of 0.40% of average daily balance of asset(s)
Received by Charles Schwab Bank (EIN#42-1558009)		
Fund Family/Provider	**EIN**	**Formula**
American Funds	95-1411037	Rate of 0.25% of average daily balance of asset(s)
JPMorgan	13-2624428	Rate of 0.25% of average daily balance of asset(s)
Wilmington Funds	52-1959471	Rate of 0.25% of average daily balance of asset(s)
Received by Schwab Retirement Plan Services, Inc. (EIN#34-1479833)		
Fund Family/Provider	**EIN**	**Formula**
American Funds	95-1411037	$3.00 per year per participant with a balance in certain fund(s)

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

NAME OF PLAN SPONSOR: Atkinson, Andelson, Loya, Ruud & Romo, A Professional Corporation
NAME OF PLAN: Atkinson, Andelson, Loya, Ruud & Romo, A Professional Corporation 401(k) Profit Shar
EIN: 95-3378600
PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.75% - 5.25%)		1,109,409
	GALLIARD RET INCOME FD CL 60	Common Collective Trust Fund		3,701,372
	AALRR PROFIT SHARING FUND	Managed Fund		65,093,267
	ALLIANZ GI TECHNOLOGY A	Registered Investment Company		1,878,408
	AMERICAN BALANCED FUND	Registered Investment Company		2,232,026
	AMERICAN FD WASHINGTN MUTUAL A	Registered Investment Company		3,616,067
	ARTISAN INTERNATIONAL VALUE	Registered Investment Company		1,858,299
	ARTISAN MIDCAP VALUE FUND	Registered Investment Company		1,214,364
	COLUMBIA MID CAP INDEX Z	Registered Investment Company		1,410,196
	COLUMBIA SMALL CAP INDEX Z	Registered Investment Company		915,269
	EUROPACIFIC GROWTH FUND	Registered Investment Company		3,050,392
	JPMORGAN GOVERNMENT BOND A	Registered Investment Company		605,067
	PIMCO HIGH YIELD FUND CL D	Registered Investment Company		1,621,834
	PIMCO SMCAP STOCKSPLUS AR D	Registered Investment Company		1,153,753
	PIMCO TOTAL RETURN D	Registered Investment Company		2,340,575
	PRUDENTIAL JENN 20/20 FOCUS A	Registered Investment Company		771,409
	PRUDENTIAL JENN MID CAP GRTH A	Registered Investment Company		1,937,407
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		6,659,913
	T ROWE PRICE GROWTH STOCK ADV	Registered Investment Company		5,383,870
	CANYON SPRINGS REAL ESTATE	Real Estate		100,000
*	CASH	Cash		273

* Party-in-interest