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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1991

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

260 MADISON AVENUE
NEW YORK, NY 10013

2b Employer Identification Number (EIN)
13-2993028

2c Plan Sponsor's telephone number
212-448-1100

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.	10/14/2015	VINCENT LIPARI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	VINCENT LIPARI
	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**	131
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)**	99
a(2) Total number of active participants at the end of the plan year	**6a(2)**	103
b Retired or separated participants receiving benefits	**6b**	40
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	143
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2A 2E 2F 2G 2J 2T 3B 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)	[X] Insurance	**(1)**	[X] 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)** [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCLAUGHLIN & STERN, LLP

D Employer Identification Number (EIN)
13-2993028

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	878902	125	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
39175	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

T & H BENEFITS LLC
320 W 57TH STREET
3RD FLOOR
NEW YORK, NY 10019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
35257			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CETERA ADVISOR NETWORKS, LLC
200 N SEPULVEDA BLVD
STE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3918			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CETERA ADVISOR NETWORKS, LLC

200 N. SEPULVEDA BLVD
SUITE 1200
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	4515276
5	Current value of plan's interest under this contract in separate accounts at year end	5	20294154

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	5591173
c	Additions: (1) Contributions deposited during the year	7c(1)	578583		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	120713		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	35383		
	▶				
	(6)Total additions			7c(6)	734679
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6325852
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	974806		
	(2) Administration charge made by carrier	7e(2)	2191		
	(3) Transferred to separate account	7e(3)	782331		
	(4) Other (specify below)	7e(4)	52248		
	▶				
	(5) Total deductions			7e(5)	1811576
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4514276

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCLAUGHLIN & STERN, LLP

D Employer Identification Number (EIN)
13-2993028

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

VOYA RETIREMENT INSURANCE & ANNUITY
P.O. BOX 990067
HARTFORD, CT 06199-0067

71-0294708

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

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

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

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

LEVINE NEIDER WOHL LLP

13-3497916

(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?
99	SERVICE PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]	8500	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LEVINE NEIDER WOHL LLP	99	8500
(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.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER FEES	

(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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCLAUGHLIN & STERN, LLP

D Employer Identification Number (EIN)
13-2993028

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: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY 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)
71-0294708-000	P	4514276

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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCLAUGHLIN & STERN, LLP

D Employer Identification Number (EIN)
13-2993028

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	303274	281211
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18214686	20294154
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5591174	4514276
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	24109134	25089641
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24109134	25089641

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)	666022	
	(B) Participants	2a(1)(B)	840366	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1506388
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12259	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12259
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	328803	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		328803
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1144246
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2991696
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2006489	
(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)		2006489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4700	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2011189
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		980507
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: LEVINE NEIDER WOHL, LLP **(2)** EIN: 13-3497916

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		2500000
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
MCLAUGHLIN & STERN, LLP 401(K) PLAN	132993028

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
MCLAUGHLIN & STERN, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCLAUGHLIN & STERN, LLP

D Employer Identification Number (EIN)
13-2993028

Part I Distributions

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

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

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

EIN(s): 71-0294708

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: _____%

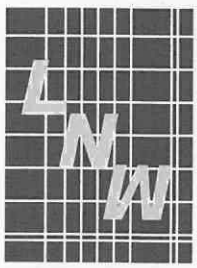
b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

MCLAUGHLIN & STERN, LLP 401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2014 AND DECEMBER 31, 2013



Levine
Neider
Wohl,
LLP

Certified Public Accountants
& Business Consultants

MCLAUGHLIN & STERN, LLP 401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2014 AND DECEMBER 31, 2013

LEVINE NEIDER WOHL, LLP
Certified Public Accountants & Business Consultants

708 Third Avenue, New York, NY 10017
Telephone (212) 949-0900
Fax (212) 983-6513
web site: www.lnwcpa.com
e-mail: cpa@lnwcpa.com

INDEPENDENT AUDITOR'S REPORT

To The Trustees and Participants
McLaughlin & Stern, LLP 401(K) Plan
New York, NY

Report of the Financial Statements

We were engaged to audit the accompanying financial statements of McLaughlin & Stern, LLP 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits for the years then ended, 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Voya Financial Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule of assets. We have been informed by the plan administrator that Voya Financial Inc. holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years

ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 2, the financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 – modified cash basis, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Marcum Weiler Wolf, LLP

New York, NY

October 2, 2015

MCLAUGHLIN & STERN, LLP 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(on a modified cash basis)
DECEMBER 31,

	2014	2013
Assets:		
Investments, at fair value	$24,808,430	$23,805,860
Participant loans	281,211	303,274
Net Assets Available For Benefits	$25,089,641	$24,109,134

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

MCLAUGHLIN & STERN, LLP 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(on a modified cash basis)
FOR THE YEARS ENDED DECEMBER 31,

	2014	2013
Additions To Net Assets Attributed To:		
Investment Income:		
Dividends/interest	$ 328,803	$ 524,203
Loan interest	12,259	13,738
Net appreciation in fair value of investments	1,144,246	3,151,753
	1,485,308	3,689,694
Contributions:		
Participants	840,366	896,197
Employers	666,022	646,552
Rollovers	-	219,991
	1,506,388	1,762,740
Total Additions	2,991,696	5,452,434
Deductions From Net Assets Attributed To:		
Benefits paid to participants	2,006,489	1,592,591
Fees and expenses	4,700	5,625
Total Deductions	2,011,189	1,598,216
Net Increase	980,507	3,854,218
Net Assets Available For Benefits, Beginning Of Year	24,109,134	20,254,916
Net Assets Available For Benefits, End Of Year	$25,089,641	$24,109,134

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

MCLAUGHLIN & STERN, LLP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (on a modified cash basis)
DECEMBER 31, 2014 AND 2013

Note 1 - Description Of Plan

The following description of McLaughlin & Stern, LLP 401(K) Plan (the Plan) provides only general information and is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, which is responsible for their integrity and objectivity. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory defined contribution plan covering all eligible employees of McLaughlin & Stern, LLP (the Plan Sponsor). All employees become eligible to participate in the elective deferrals in the Plan after having completed the lesser of one year of service or 1,000 hours in a consecutive 12 month period and having attained age 21. Employees become eligible for employer contributions after having attained the age of 21 and have completed the lesser of one year of service or 1,000 hours in a consecutive 12 month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

To be eligible to receive an allocation of the discretionary employer profit sharing contributions participants must complete 1,000 hours of service during the plan year.

Contributions

Contributions to the Plan include salary deferral contributions authorized by participating employees and employer profit-sharing contributions. Participants may contribute to the Plan at their discretion a portion of their annual pre-tax wages not to exceed $17,500 for the years ended December 31, 2014 and 2013. The Company makes matching contributions depending on the employee's salary deferrals which are allocated according to a discretionary matching formula. The Plan also allows for catch-up contributions subject to Internal Revenue Service (IRS) limitations. Additionally, at its discretion each plan year, the Company makes a profit-sharing contribution, determined by the Board of Trustees.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become 100% fully vested in the profit sharing account after six years and 100% invested in the employer matching after three years of vesting service.

Hardship Withdrawals

Withdrawal of a portion of a participant's account will be permitted due to an immediate and heavy financial need, if it meets IRS requirements.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in various investment options. Each option varies in type of investment, rate of return and investment risk.

Participant Loans

Participants may borrow from their fund accounts under terms, conditions, and restrictions provided in the Plan's individual agreement. Participants may borrow from their fund accounts a minimum of $1,000 up to $50,000 or 50% of their vested account balance reduced by any outstanding loan balance on the date the new loan was made, whichever is less. Participants are allowed two outstanding loans at a time. The interest rate will be determined from time to time by the Trustee with the intention of providing the plan with a return commensurate with the interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Until otherwise determined by the Trustee, the interest rate will be the prime rate of interest published by the Wall Street Journal as of the date of the loan plus 1 percent. The rate of interest will be constant throughout the term of the loan. Principal and interest are paid directly to the participant's investment account through payroll deductions. Loans must be repaid within a five (5) year period, except for loans used to acquire a principal residence.

Note 1 - Description of Plan (continued)

Payment of Benefits

Participants may request a payment of benefit if they a) become terminated, b) become disabled, c) reach age 59½ or d) on account of hardship. Participants may elect to receive a payout as a lump sum payment, partial payment, direct rollover, installment payments, or defer payments until age 70½. Employees who are non owners, may elect to defer payments beyond the age 70½.

If a participant dies while still an employee, the employer profit sharing account, and employer matching account will become 100% vested. The designated beneficiary will be entitled to receive 100% of the participant's account. Payment of benefits will begin within a reasonable period following death, based on the account value on the preceding valuation date.

Plan Expenses

All administrative expenses shall be paid out of the Plan unless paid by the Plan Sponsor.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited nonvested accounts totaled $18,133 and $-0-, respectively. These accounts were used to reduce employer contributions.

Note 2 - Summary Of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the modified cash method of accounting.

Current year profit sharing contributions are recorded on the cash basis of accounting.

Note 2 - Summary Of Significant Accounting Policies (continued)

Investment Valuation

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between willing market participants as of the measurement date. See Note 7 for further discussion of fair value measurements.

Mutual fund investments are valued at the quoted market prices that represent the net asset value of shares held by the Plan at year-end. The change in market value of these investments is reflected in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value.

Payment Of Benefits

Benefits are recorded when paid.

Participants Loans

Participant loans are valued at amortized cost, which approximates fair value measured as the present value of outstanding principal amounts discounted at current market interest rates for loans with similar risk and terms.

Uncertain Tax Positions

The Plan adopted the uncertainty in income taxes guidance as described in FASB ASC 740-10-50-15 on January 1, 2009. The adoption of that guidance resulted in no change to financial statements of prior periods. As of December 31, 2014, management believes that based on evaluation of the Plan's tax positions that any additional liability as a result of uncertain tax positions would not be material. Management continually evaluates expiring statutes of limitations, changes in tax law, and new authoritative rulings to assist in evaluating the Plan's tax positions. Interest and penalties associated with uncertain tax positions, if any, would be recognized as part of the income tax provision. Income tax returns are filed in the U.S. federal and state jurisdictions. U.S. federal income tax returns prior to fiscal year 2011 are closed.

Note 3 - Risks And Uncertainties

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

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of investments. The Plan maintains its investments with an investment manager. Exposure to credit risk is reduced by placing such investments in high quality financial institutions and by following an investment strategy which utilizes a wide range of diversified funds.

Note 4 - Certification Of Trustee

We have been informed by the Plan administrator that Voya Financial Inc. held the Plan's investment assets and executed investment transactions for the year ended December 31, 2014. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the trustee was complete and accurate.

The account balances and transactions were obtained from statements certified by Voya Financial Inc., the Plan's trustee, for 2014 and 2013.

The account balances and transactions were as follows:

	2014	2013
Statement of net assets available for benefits:		
Investments and participant loans	$25,089,641	$24,109,134
Statement of changes in net assets available for Plan benefits:		
Net appreciation in fair value of investments	$ 1,144,246	$ 3,151,753
Investment income	$ 341,062	$ 537,941

Note 5 - Plan Termination

The Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the entire account balance will be distributed to the participants.

Note 6 - Transactions With Parties-In-Interest

The Plan Sponsor pays for professional and administrative fees related to the maintenance of the Plan. Fees paid on behalf of the Plan during the years ended December 31, 2014 and 2013 were approximately $24,000, respectively.

Note 7 - Fair Value Measurements Of Investments

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset of liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 7 - Fair Value Measurements Of Investments (continued)

The 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.

Registered investment companies: Registered investment companies are valued at quoted prices for identical assets in the active markets in which the securities are traded.

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

Note 7 - Fair Value Measurements Of Investments (continued)

The Plan's investments consisted of the following at December 31, 2014 and 2013:

	2014			
	Level 1	Level 2	Level 3	Total
Common/collective trust:				
Voya Fixed Account	$ -	$4,514,275 *	$ -	$4,514,275
Registered investment companies:				
VY® Oppenheimer Global Portfolio – Initial Class	700,321			700,321
Lazard Emerging Markets Equity Portfolio – Open Shares	375,471			375,471
MFS® International Value Fund – Class R2	660,692			660,692
Invesco Small Cap Growth Fund – Class A	195,732			195,732
Voya Index Plus MidCap Portfolio – Class 1	958,725			958,725
Voya Index Plus SmallCap Portfolio – Class 1	1,626,966 *			1,626,966
Voya MidCap Opportunities Portfolio – Class 1	526,376			526,376
Columbia Mid Cap Value Fund – Class A Shares	255,429			255,429
VY® FMR Diversified Mid Cap Portfolio – Service Class	10,360			10,360
Invesco Small Cap Value Fund – Class A	298,650			298,650
MFS® Utilities Fund – Class R2	407,217			407,217
American Funds The Growth Fund of America® - Class R-3	1,950,272 *			1,950,272
T. Rowe Price Blue Chip Growth Fund – Advisor Class	265,601			265,601
Voya U.S. Stock Index Portfolio – Institutional Class	2,859,909 *			2,859,909
MFS® Value Fund – Class R2	504,007			504,007
American Funds Fundamental Investors SM – Class R-3	312,506			312,506
VY® T Rowe Price Capital Appreciation Portfolio – Service	1,989,171 *			1,989,171
T. Rowe Price Retirement 2005 Fund – R Class	5,158			5,518
T. Rowe Price Retirement 2015 Fund – R Class	33,601			33,601
T. Rowe Price Retirement 2020 Fund – R Class	77,322			77,322
T. Rowe Price Retirement 2025 Fund – R Class	466,128			466,128
T. Rowe Price Retirement 2035 Fund – R Class	164,002			164,002
T. Rowe Price Retirement 2045 Fund – R Class	248,580			248,580
T. Rowe Price Retirement 2050 Fund – R Class	6,358			6,358
T. Rowe Price Retirement 2055 Fund – R Class	5,317			5,317
Voya GNMA Income Fund – Class A	652,289			652,289
Voya Aggregate Bond Portfolio – Initial Class	431,863			431,863
Voya Money Market Portfolio – Class 1	349,928			349,928
TD Ameritrade – Self Directed Brokerage Account	3,956,204 *			3,956,204
	$20,294,155	$4,514,275	$ -	$24,808,430

Note 7 - Fair Value Measurements Of Investments (continued)

	2013			
	Level 1	Level 2	Level 3	Total
Common/collective trust:				
ING Fixed Account	$ -	$5,591,174 *	$ -	$5,591,174
Registered investment companies:				
ING Oppenheimer Global Portfolio – Initial Class	744,894			744,894
Lazard Emerging Markets Equity Portfolio – Open Shares	362,765			362,765
MFS® International Value Fund – Class R2	384,926			384,926
Invesco Small Cap Growth Fund – Class A	483,024			483,024
ING Index Plus MidCap Portfolio – Class 1	860,730			860,730
ING Index Plus SmallCap Portfolio – Class 1	1,694,087 *			1,694,087
ING MidCap Opportunities Portfolio – Class 1	692,022			692,022
ING MFS Utilities Portfolio – Service Class	254,077			254,077
ING FMR SM Diversified Mid Cap Portfolio – Service Class	70,186			70,186
Invesco Small Cap Value Fund – Class A	160,518			160,518
Perkins Mid Cap Value Fund – Class S Shares	200,091			200,091
American Funds The Growth Fund of America® - Class R-3	1,996,869 *			1,996,869
T. Rowe Price Blue Chip Growth Fund – Advisor Class	159,364			159,364
ING U.S. Stock Index Portfolio – Institutional Class	2,449,023 *			2,449,023
MFS® Value Fund – Class R2	555,750			555,750
American Funds Fundamental Investors SM – Class R-3	369,638			369,638
ING T Rowe Price Capital Appreciation Portfolio – Service	1,760,911 *			1,760,911
T. Rowe Price Retirement 2015 Fund – R Class	38,741			38,741
T. Rowe Price Retirement 2020 Fund – R Class	56,646			56,646
T. Rowe Price Retirement 2025 Fund – R Class	244,468			244,468
T. Rowe Price Retirement 2035 Fund – R Class	138,335			138,335
T. Rowe Price Retirement 2045 Fund – R Class	201,440			201,440
T. Rowe Price Retirement 2055 Fund – R Class	1,520			1,520
ING GNMA Income Fund – Class A	615,172			615,172
ING PIMCO Total Return Portfolio – Initial Class	645,852			645,852
ING Money Market Portfolio – Class 1	119,088			119,088
TD Ameritrade – Self Directed Brokerage Account	2,954,549 *			2,954,549
	$18,214,686	$5,591,174	$ -	$23,805,860

Note 7 - Fair Value Measurements Of Investments (continued)

* Represents 5% or more of the Plan's net assets at December 31, 2014 and 2013.

During 2014 and 2013, the Plan's investments (including gain and losses on investments bought and sold, as well as held during the year) appreciated by $1,144,246 and $3,151,753, respectively.

Note 8 - Common/Collective Trust

The Voya Fixed Account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company (VRIAC). The Voya Fixed Account is an obligation of VRIAC's general account which supports all of the company's insurance and annuity commitments. The interest rate guarantees under the contract are subject to VRIAC's claims-paying ability.

Stability of principle is the primary objective of this investment option. The Voya Fixed Account guarantees minimum rates of interest and may credit interest that exceeds the minimum guaranteed rate. The current rate is subject to change at any time, but will never fall below the guaranteed minimum. Daily credited interest becomes part of principal and the investment increases through compound interest. All funds invested by our plan in the Voya Fixed Account receive the same credited rate. This is known as a portfolio method of interest rate crediting.

Withdrawals from the Voya Fixed Account for other than the payment of benefits to participants may be subject to a market value adjustment and a surrender charge.

Note 9 - Subsequent Events

Subsequent events have been evaluated by the Plan through October 2, 2015, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

MCLAUGHLIN & STERN, LLP 401(K) PLAN
SUPPLEMENTAL SCHEDULE (on a modified cash basis)
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at year end)
DECEMBER 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description in investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common/collective trust:			
**	VOYA Fixed Account	Fixed Account		$4,514,275
	Registered investment companies:			
	American Funds Fundamental Investors SM – Class R-3	Mutual Fund		312,506
	American Funds Growth Fund of America – Class R-3	Mutual Fund		1,950,272
	Invesco Small Cap Growth Fund – Class A	Mutual Fund		298,650
	Invesco Small Cap Value Fund – Class A	Mutual Fund		195,732
	Lazard Emerging Markets Equity Portfolio	Mutual Fund		375,471
	MFS® International Value Fund – Class R2	Mutual Fund		660,692
	MFS® Value Fund – Class R2	Mutual Fund		504,007
	T Rowe Price Retirement 2050 Fund R Class	Mutual Fund		6,358
	T Rowe Price Blue Chip Growth Fund – Advisor Class	Mutual Fund		265,601
	T Rowe Price Retirement 2015 Fund R Class	Mutual Fund		33,601
	T Rowe Price Retirement 2020 Fund R Class	Mutual Fund		77,322
	T Rowe Price Retirement 2025 Fund R Class	Mutual Fund		466,128
	T Rowe Price Retirement 2035 Fund R Class	Mutual Fund		164,002
	T Rowe Price Retirement 2045 Fund R Class	Mutual Fund		248,580
	T Rowe Price Retirement 2055 Fund R Class	Mutual Fund		5,317
	Voya GNMA Income Fund – Class A	Mutual Fund		652,289
	Voya Index Plus MidCap Portfolio – Class 1	Mutual Fund		958,725
	Voya Index Plus SmallCap Portfolio – Class 1	Mutual Fund		1,626,966
	Voya Mid Cap Opportunities Portfolio – Class 1	Mutual Fund		526,376
	Voya Money Market Portfolio – Class 1	Mutual Fund		349,928
	Voya US Stock Index Portfolio – Institutional Class	Mutual Fund		2,859,909
	VY® FMR Diversified Mid Cap Portfolio – Service Class	Mutual Fund		10,360
	Columbia Mid Cap Value Fund – Class A Shares	Mutual Fund		255,429
	VY® Oppenheimer Global Portfolio – Initial Class	Mutual Fund		700,321
	T Rowe Price Retirement 2005 Fund R Class	Mutual Fund		5,158
	VY® T Rowe Price Capital Appreciation Portfolio – Service	Mutual Fund		1,989,171
	MFS® Utilities Fund – Class R2	Mutual Fund		407,217
	Voya Aggregate Bond Portfolio – Initial Class	Mutual Fund		431,863
	TD Ameritrade – Self Directed Brokerage Account	Self - Directed Brokerage Account		3,956,204

The above information has been certified by Voya Financial Inc., the Custodian of the Plan, as complete and accurate.

* Voya Financial Inc. is a party-in-interest.

* * Voya Financial Inc. has certified the contract value of the trust. This trust is being reported at fair value, which has been calculated, based upon its audited financial statements.

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

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan
McLaughlin & Stern, LLP 401(k) Plan

Employer Identification Number
13-2993028

Three-digit plan number ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	AMERICAN FUNDS FUND INVESTORS	Mutual Fund		312,506
*	AMERICAN FUNDS GRWT FD OF AMER	Mutual Fund		1,950,272
*	ING FIXED ACCOUNT	Mutual Fund		4,514,276
*	INVESCO SMALL CAP GROWTH FUND	Mutual Fund		298,650
*	INVESCO SMALL CAP VALUE FUND	Mutual Fund		195,732
*	LAZARD EMERGING MTKS EQUITY PT	Mutual Fund		375,471
*	MFS INTERNATIONAL VALUE FUND	Mutual Fund		660,692
*	MFS VALUE FUND-CLASS R2	Mutual Fund		504,007
*	T ROWE PRICE RETIREMENT 2050	Mutual Fund		6,358
*	T ROWE PRICE BLUCE CHIP GR FUN	Mutual Fund		265,601
*	T ROWE PRICE RETIREMENT 2015F	Mutual Fund		33,601
*	T ROWE PRICE RETIREMENT 2020 F	Mutual Fund		77,321
*	T ROWE PRICE RETIREMENT 2025 F	Mutual Fund		466,127
*	T ROWE PRICE RETIREMENT 2035 F	Mutual Fund		164,002
*	T ROWE PRICE RETIREMENT 2045 F	Mutual Fund		248,580
*	T ROWE PRICE RETIREMENT 2055 F	Mutual Fund		5,317
*	VOYA GNMA INCOME FUND	Mutual Fund		652,290
*	VOYA INDEX PLUS MID CAP PORT	Mutual Fund		958,725
*	VOYA INDEX PLUS SMALLCAP PORT	Mutual Fund		1,626,966
*	VOYA MID CAP OPPORTUNITIES POT	Mutual Fund		526,376
*	VOYA MONEY MARKET PORTFOLIO	Mutual Fund		349,928
*	VOYA US STOCK INDEX PORT	Mutual Fund		2,859,909
*	VY FMR DIVERSIFIED MID CAP	Mutual Fund		10,360
*	COLUMBIA MID CAP VAL FD	Mutual Fund		255,429
*	VY OPPENHEIMER GLOBAL PORT	Mutual Fund		700,321
*	T ROWE PRICE RETIREMENT 2005	owe al Fund		5,158
*	VY T ROWE PRICE CAPITAL APPRE	Mutual Fund		1,989,171
*	MFS UTILITIES FND CLS R2	Mutual Fund		407,217
*	VOYA AGGREGRATE BOND PORTFOLIO	Mutual Fund		431,863
*	TD AMERITRADE	Self Directed Brokerage Accnt		3,956,204

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

For the plan year beginning **01/01/2014** and ending **12/31/2014**

Name of plan
McLaughlin & Stern, LLP 401(k) Plan

Employer Identification Number
13-2993028

Three-digit plan number ► **002**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	AMERICAN FUNDS FUND INVESTORS	Mutual Fund		312,506
*	AMERICAN FUNDS GRWT FD OF AMER	Mutual Fund		1,950,272
*	ING FIXED ACCOUNT	Mutual Fund		4,514,276
*	INVESCO SMALL CAP GROWTH FUND	Mutual Fund		298,650
*	INVESCO SMALL CAP VALUE FUND	Mutual Fund		195,732
*	LAZARD EMERGING MTKS EQUITY PT	Mutual Fund		375,471
*	MFS INTERNATIONAL VALUE FUND	Mutual Fund		660,692
*	MFS VALUE FUND-CLASS R2	Mutual Fund		504,007
*	T ROWE PRICE RETIREMENT 2050	Mutual Fund		6,358
*	T ROWE PRICE BLUCE CHIP GR FUN	Mutual Fund		265,601
*	T ROWE PRICE RETIREMENT 2015F	Mutual Fund		33,601
*	T ROWE PRICE RETIREMENT 2020 F	Mutual Fund		77,321
*	T ROWE PRICE RETIREMENT 2025 F	Mutual Fund		466,127
*	T ROWE PRICE RETIREMENT 2035 F	Mutual Fund		164,002
*	T ROWE PRICE RETIREMENT 2045 F	Mutual Fund		248,580
*	T ROWE PRICE RETIREMENT 2055 F	Mutual Fund		5,317
*	VOYA GNMA INCOME FUND	Mutual Fund		652,290
*	VOYA INDEX PLUS MID CAP PORT	Mutual Fund		958,725
*	VOYA INDEX PLUS SMALLCAP PORT	Mutual Fund		1,626,966
*	VOYA MID CAP OPPORTUNITIES POT	Mutual Fund		526,376
*	VOYA MONEY MARKET PORTFOLIO	Mutual Fund		349,928
*	VOYA US STOCK INDEX PORT	Mutual Fund		2,859,909
*	VY FMR DIVERSIFIED MID CAP	Mutual Fund		10,360
*	COLUMBIA MID CAP VAL FD	Mutual Fund		255,429
*	VY OPPENHEIMER GLOBAL PORT	Mutual Fund		700,321
*	T ROWE PRICE RETIREMENT 2005	owe al Fund		5,158
*	VY T ROWE PRICE CAPITAL APPRE	Mutual Fund		1,989,171
*	MFS UTILITIES FND CLS R2	Mutual Fund		407,217
*	VOYA AGGREGRATE BOND PORTFOLIO	Mutual Fund		431,863
*	TD AMERITRADE	Self Directed Brokerage Accnt		3,956,204