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
KANE, RUSSELL, COLEMAN & LOGAN, P.C.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1993

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

1601 ELM ST STE 3700
DALLAS, TX 75201

2b Employer Identification Number (EIN)
75-2410848

2c Plan Sponsor's telephone number
214-777-4200

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	MIKE DEMAREST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	MIKE DEMAREST
	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**	251
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)**	168
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	183
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	174
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2T 3D 2E 2J 2K 2R

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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
KANE, RUSSELL, COLEMAN & LOGAN, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KANE RUSSELL COLEMAN & LOGAN, PC

D Employer Identification Number (EIN)
75-2410848

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

71-0294708

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

THE NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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

ABA RETIREMENT FUNDS

321 N CLARK STREET 16TH FL
CHICAGO, IL 60654

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

EFFICIENT MARKET ADVISORS, LLC

41-2143010

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

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

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

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

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

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

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

(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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
KANE, RUSSELL, COLEMAN & LOGAN, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KANE RUSSELL COLEMAN & LOGAN, PC

D Employer Identification Number (EIN)
75-2410848

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: ABA MEM./NORTHERN TRUST COLL. TRUST

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

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)
04-6691601-001	C	15263274

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)

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
KANE, RUSSELL, COLEMAN & LOGAN, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KANE RUSSELL COLEMAN & LOGAN, PC

D Employer Identification Number (EIN)
75-2410848

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)	120383	0
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)	263451	300359
(9) Value of interest in common/collective trusts	1c(9)	14067312	15263274
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2398856	2792249

			(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	16850002	18355882
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16850002	18355882

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)	126150	
	(B) Participants	2a(1)(B)	1275774	
	(C) Others (including rollovers)	2a(1)(C)	41854	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1443778
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)	11762	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11762
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		889644
(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)		
c Other income	2c		38935
d Total income. Add all **income** amounts in column (b) and enter total	2d		2384119
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	871862	
(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)		871862
f Corrective distributions (see instructions)	2f		1884
g Certain deemed distributions of participant loans (see instructions)	2g		1363
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3130	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3130
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		878239
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1505880
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: CF & CO., LLP **(2)** EIN: 20-0162782

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
KANE, RUSSELL, COLEMAN & LOGAN, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KANE RUSSELL COLEMAN & LOGAN, PC

D Employer Identification Number (EIN)
75-2410848

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): 04-3114071

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN

Audited Financial Statements and
Supplementary Information

December 31, 2014 and 2013

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2014	4
Notes to Financial Statements	5
Supplemental Schedule:	
Schedule of Assets (Held at End of Year) as of December 31, 2014	19

All other supplemental schedules required 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 have been omitted as they are inapplicable.

CF ACCOUNTANTS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Kane Russell Coleman & Logan PC
401(k) Profit Sharing Plan
Dallas, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kane Russell Coleman & Logan PC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 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 investment information summarized in Notes 3 and 4, which was certified or provided by Northern Trust Investments, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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 or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CF & Co., L.L.P.

Dallas, Texas
October 12, 2015

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments, at fair value:		
Interest in collective investment trust	$ 15,329,645	$ 14,099,011
Self-managed brokerage accounts	2,792,249	2,398,856
Total investments	18,121,894	16,497,867
Receivables:		
Employer contributions	--	8,218
Participant contributions	--	112,164
Notes receivable from participants	300,359	263,451
Total receivables	300,359	383,833
Total assets	18,422,253	16,881,700
Liabilities:	--	--
Net assets available for benefits at fair value	18,422,253	16,881,700
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	(66,371)	(31,703)
Net Assets Available for Benefits	$ 18,355,882	$ 16,849,997

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

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions to net assets attributed to:	
Investment income:	
Net realized/unrealized appreciation in fair value of investments	$ 926,697
Net investment income	926,697
Interest income on notes receivable from participants	11,762
Contributions:	
Employer	126,150
Participants	1,275,774
Rollover	41,854
Total contributions	1,443,778
Total additions	2,382,237
Deductions from net assets attributed to:	
Benefits paid to participants	873,226
Other expense	3,126
Total deductions	876,352
Net increase in net assets available for benefits	1,505,885
Net assets available for benefits:	
Beginning of year	16,849,997
End of year	$ 18,355,882

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

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN
Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Kane Russell Coleman & Logan PC 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 full-time employees of Kane Russell Coleman & Logan PC (the "Company") who have completed three months of service and are age twenty-one or older. The Plan has adopted the American Bar Association's Members'/ Northern Trust Collective Trust (the "Collective Trust") under the American Bar Association Members' Retirement Plan, sponsored by the ABA Retirement Funds Program ("ABA/RF"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration

In accordance with the Plan document, the Plan is administered by the Company. Northern Trust Investments, N.A. is the Trustee of the Plan assets. ABA/RF has engaged Voya Institutional Plan Services, LLC, formerly ING Institutional Plan Services, LLP to provide recordkeeping and administrative services for the Plan.

Contributions

Participant Contributions- After three months of service, participants may elect to contribute a portion of their compensation to the Plan up to the maximum annual limits established by the Internal Revenue Code ("IRC"). Participants may make pre-tax elective and Roth 401(k) contributions. The Plan also allows participants to make in-plan Roth conversions.

Matching Contributions- Each Plan year, the Company makes matching contributions. Participants must make elective contributions, have one year of service and may not be a shareholder of the Company, in order to receive matching contributions. A participant's matching contribution is measured as a percentage of their elective contributions.

Employer Discretionary Contributions- Each Plan year, the Company may make discretionary contributions. These contributions are allocated to participants that have been credited with at least 1,000 hours of service during the Plan year and are employed on the last day of the Plan year. In 2014, the Company did not make any discretionary contributions.

Rollover Contributions- Participants may also make rollover contributions from any eligible employer plan or a traditional Individual Retirement Account ("IRA").

Investment Options

Participants are responsible for deciding how all contributions to their account are invested. Investments may be directed to purchasing units of funds offered by the Collective Trust or to self-managed brokerage accounts. Assets in self-managed brokerage accounts may be invested in publicly traded debt and equity securities and mutual funds. Most other types of investments are not allowed for self-managed brokerage accounts.

Note 1 - Description of the Plan, continued

Participant Accounts

Each participant's account is credited with their elective contribution, employer matching contribution and allocation of (a) employer discretionary contributions, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Notes receivable terms generally cannot exceed 5 years. Notes receivable transactions are treated as a transfer from the investment fund to the participant notes receivable fund. The notes receivable are secured by the balance in the participant's account and bear interest at 1% above the prime rate as published in the *Wall Street Journal* (updated quarterly), as determined by the Trustees at the time of the note. Principal and interest are paid through payroll deductions under a level amortization schedule.

Interest rates on notes receivable outstanding ranged from 4.25% - 9.25% at December 31, 2014. No more than two notes may be granted in any single year and the participant may have no more than five outstanding notes at any particular time.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested in employer contributions after six years of credited service. Participants become 100% vested if they terminate employment due to attainment of age 55, death or disability.

Payment of Benefits

A participant may withdraw any amount from their rollover account at any time and for any reason. Also, a participant may withdraw any or all of their vested account balance if they are age 59 ½ and older. In addition, hardship withdrawals and special military service withdrawals are also allowed.

Upon termination of service, a participant may elect to receive a lump sum, an annuity, or a combination thereof in an amount equal to the value of his or her account at the time of termination. If no election is made and the vested account balance is $1,000 or less, the benefits will be automatically distributed to the participant in a single payment. If the vested account balance is between $1,000 and $5,000, the benefits will be automatically rolled over into an IRA, established for the participant by the Trustee. At December 31, 2014, there were no participants with vested balances who had elected to withdraw, and had not been paid their benefits.

Forfeited Accounts

At December 31, 2014, the Plan maintained a balance of approximately $1,374 in unallocated forfeited non-vested accounts. These accounts may be used to reduce future employer contributions. In 2014, $62,937 of forfeitures were used to reduce employer contributions

Note 2 - Summary of Significant Accounting Policies

The summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements.

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Accounting Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions, based on the terms of the Plan document.

Benefit Responsive Investment Contracts

Fully benefit-responsive 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 Plan invests in investment contracts through the Stable Asset Return Fund ("SARF") of the Collective Trust. The Statements of Net Assets Available for Benefits present the fair value of the investment in the SARF as well as the adjustment of the investment in the SARF from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Interest crediting rates are influenced primarily by the market level of interest rates, participant activity, and the return and during of the underlying fixed income investments underlying the contracts. The crediting rates on the contracts are typically reset monthly or quarterly. The crediting rate may not be less than zero. Under certain circumstances, including plan termination, or withdrawal from a contract, the contracts may pay at fair value rather than contract value.

During 2014 and 2013, the average yield earned by the Plan on this contract aggregated 1.26% and 1.21%, respectively. The annual rate credited to participants on this contract aggregated 1.45% and 1.38% for 2014 and 2013, respectively.

Please refer to the Collective Trust's December 31, 2014 Form 10-K for additional financial statement disclosures related to the SARF.

Note 2 - Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Dividends, if any, are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Recent Pronouncements

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* The amendments apply to reporting entities that elect to measure the fair value of an investment using the net asset value per share (or its equivalent) practical expedient. The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The provisions of the ASU are effective with the Plan's year ending December 31, 2017. The ASU requires retrospective adoption to all periods presented. Earlier application is permitted. The adoption of this standard is not expected to have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* The amendments are in 3 parts. Among other things: Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. Parts I and II are effective on a retrospective basis, and Part III is effective on a prospective basis, for the Plan's year ending December 31, 2016. Early adoption is permitted. The adoption of Part I amendments are not expected to have a material effect on the Plan's net assets available for benefits. Specified investment disclosures will be eliminated upon adoption of Part II. Part III is not applicable as the Plan's fiscal year coincides with month-end.

Note 3 - Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was prepared by or derived from information provided by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information in Note 4 and the supplemental schedules related to the following items:

- Investment assets, transactions and income
- Schedule of assets held for investment purposes
- Notes receivable from participants and related interest income
- Self-managed brokerage accounts

Note 4 - Investments and Fair Value Measurements

The framework for measuring fair value under U.S. GAAP provides for a 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 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's categorization 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.

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

Collective Trust: Valued at net asset value ("NAV") based on information reported by the Trustee using the audited financial statements of the Collective Trust at year-end.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Note 4 - Investments and Fair Value Measurements, continued

Money Market Accounts and Mutual Funds: Valued at quoted market prices which represent the NAV of shares held by the Plan at year end.

There have been no changes in the methodologies used at December 31, 2014 and 2013.

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.

All investments in the Statements of Net Assets Available for Benefits are reported at fair value. The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013.

	December 31, 2014			
	Level 1	Level 2	Level 3	Total
Collective Trust:				
Managed Funds	$ --	$ 7,885,331	$ --	$ 7,885,331
Index Funds	--	4,449,257	--	4,449,257
Retirement Date Funds	--	2,995,057	--	2,995,057
Self-Managed Brokerage Accounts:				
Mutual Funds	439,034	--	--	439,034
Common Stocks	2,198,519	--	--	2,198,519
Money Market	154,696	--	--	154,696
Total Investments	$ 2,792,249	$ 15,329,645	$ --	$18,121,894

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Collective Trust:				
Managed Funds	$ --	$ 8,063,914	$ --	$ 8,063,914
Index Funds	--	3,468,116	--	3,468,116
Retirement Date Funds	--	2,566,981	--	2,566,981
Self-Managed Brokerage Accounts:				
Mutual Funds	423,784	--	--	423,784
Common Stocks	1,298,917	--	--	1,298,917
Money Market	676,155	--	--	676,155
Total Investments	$ 2,398,856	$ 14,099,011	$ --	$16,497,867

Note 4 - Investments and Fair Value Measurements, continued

The following table sets forth the fair value of investments at December 31, 2014 in the Collective Trust (*) that calculate net asset value per share:

Investments(*)	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Stable Asset Return Fund[a]	$ 2,827,919	$ --	Immediate	None
Bond Index Fund[b]	609,507	--	Immediate	None
Bond Core Plus Fund[c]	926,254	--	Immediate	None
Balanced Fund[d]	253,169	--	Immediate	None
Large Cap Index Equity Fund[e]	1,266,556	--	Immediate	None
All Cap Index Equity Fund[f]	993,575	--	Immediate	None
Mid Cap Index Equity Fund[g]	684,511	--	Immediate	None
Small Cap Index Equity Fund[h]	421,968	--	Immediate	None
International All Cap Equity Fund[i]	836,923	--	Immediate	None
Lifetime Income Retirement Date Fund[j]	2,194	--	Immediate	None
2020 Retirement Date Fund[k]	1,038,560	--	Immediate	None
2030 Retirement Date Fund[k]	975,259	--	Immediate	None
2040 Retirement Date Fund[k]	928,241	--	Immediate	None
2050 Retirement Date Fund[k]	50,803	--	Immediate	None
Real Asset Return Fund[l]	196,509	--	Immediate	None
Conservative Risk Fund[m]	170,321	--	Immediate	None
Moderate Risk Fund[n]	152,808	--	Immediate	None
Aggressive Risk Fund[o]	277,788	--	Immediate	None
Large Cap Equity Fund[p]	1,367,733	--	Immediate	None
Small-Mid Cap Equity Fund[q]	819,668	--	Immediate	None
International Index Equity Fund[r]	473,140	--	Immediate	None
Global All Cap Equity Fund[s]	53,147	--	Immediate	None
Alternative Alpha Fund[t]	3,092	--	Immediate	None
Total	$ 15,329,645	$ --		

Note 4 - Investments and Fair Value Measurements, continued

The following table sets forth the fair value of investments at December 31, 2013 in the Collective Trust (*) that calculate net asset value per share:

Investments(*)	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Stable Asset Return Fund[a]	$ 3,333,673	$ --	Immediate	None
Bond Index Fund[b]	529,909	--	Immediate	None
Bond Core Plus Fund[c]	914,311	--	Immediate	None
Balanced Fund[d]	262,145	--	Immediate	None
Large Cap Index Equity Fund[e]	839,551	--	Immediate	None
All Cap Index Equity Fund[f]	904,659	--	Immediate	None
Mid Cap Index Equity Fund[g]	417,169	--	Immediate	None
Small Cap Index Equity Fund[h]	387,344	--	Immediate	None
International All Cap Equity Fund[i]	858,368	--	Immediate	None
Lifetime Income Retirement Date Fund[j]	3,224	--	Immediate	None
2010 Retirement Date Fund[k]	30,467	--	Immediate	None
2020 Retirement Date Fund[k]	942,359	--	Immediate	None
2030 Retirement Date Fund[k]	708,818	--	Immediate	None
2040 Retirement Date Fund[k]	836,852	--	Immediate	None
2050 Retirement Date Fund[k]	45,261	--	Immediate	None
Real Asset Return Fund[l]	138,984	--	Immediate	None
Conservative Risk Fund[m]	138,242	--	Immediate	None
Moderate Risk Fund[n]	93,065	--	Immediate	None
Aggressive Risk Fund[o]	86,830	--	Immediate	None
Large Cap Equity Fund[p]	1,294,648	--	Immediate	None
Small-Mid Cap Equity Fund[q]	943,648	--	Immediate	None
International Index Equity Fund[r]	389,484	--	Immediate	None
Total	$ 14,099,011	$ --		

(*) All of the above funds are invested through the Collective Trust. Investments in the Collective Trust can be redeemed immediately at the current net asset value per share based on the fair value of the underlying assets. The fair value of these investments has been estimated using the net asset value per share of the underlying investments.

Note 4 - Investments and Fair Value Measurements, continued

(a) The Stable Asset Return Fund seeks to provide current income consistent with the preservation of principal and liquidity. The Fund primarily invests in investment contracts held at book value (issued by insurance companies, banks or other financial institutions), and high quality, fixed income instruments.

(b) The Bond Index Fund seeks to invest in U.S. Government Obligations and U.S. dollar-denominated corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities and asset-backed securities with the objective of replicating, before expenses, the total rate of return of the Barclays Capital U.S. Aggregate Bond Index.

(c) The Bond Core Plus Fund seeks to invest primarily in U.S. debt securities of varying maturities with the objective of achieving a competitive total return from current income and capital appreciation.

(d) The Balanced Fund seeks current income and long-term capital appreciation through investment in publicly traded common stocks, other equity-type securities, medium- to long-term debt securities with varying maturities and money market instruments. As of December 31, 2014, 40% and 60% of the Fund's net assets were invested in the Bond Core Plus Fund and Large Cap Equity Fund, respectively. The Fund ceased offering its units on July 2, 2009.

(e) The Large Cap Index Equity Fund seeks to invest in equity securities of U.S. companies included in the S&P 500 with the objective of replicating, before expenses, the total rate of return of the S&P 500.

(f) The All Cap Index Equity Fund seeks to invest in equity securities of U.S. companies included in the Russell 3000 Index with the objective of replicating, before expenses, the total rate of return of the Russell 3000 Index.

(g) The Mid Cap Index Equity Fund seeks to invest in equity securities of U.S. companies included in the S&P MidCap 400 with the objective of replicating, before expenses, the total rate of return of the S&P MidCap 400.

(h) The Small Cap Index Equity Fund seeks to invest in equity securities of U.S. companies included in the Russell 2000 Index with the objective of replicating, before expenses, the total rate of return of the Russell 2000 Index.

(i) The International All Cap Equity Fund seeks to invest primarily in equity securities of companies domiciled outside of the U.S. with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. The Fund may invest in companies of any size located in a number of countries throughout the world.

(j) The Lifetime Income Retirement Date Fund seeks to avoid significant loss of principal for investors who have reached their retirement date. The Fund invests 100% of its net assets in the SSgA Target Retirement Income Non-Lending Series Fund Class A.

Note 4 - Investments and Fair Value Measurements, continued

(k) The Retirement Date Funds seek to provide moderate/long-term capital appreciation and some stability of principal for a participant planning to retire in or around the years 2010-2050. The Funds invest in a combination of U.S. stocks, international stocks, bonds and cash, and allocate their assets among these funds according to predetermined asset location strategies based on remaining years to retirement.

(l) The Real Asset Return Fund is a diversified portfolio which is designed to provide returns over longer time periods in excess of inflation as measured by the U.S. All Items Consumer Price Index for All Urban Consumers, or CPI U, although the Real Asset Return Fund can be expected to have greater volatility than the CPI U.

(m) The Conservative Risk Fund seeks to invest in a combination of U.S. stocks, non-U.S. stocks, bonds and cash-equivalent investments, and allocates its assets among these investments according to a fixed strategic asset allocation strategy. The Fund invests in the SSgA Global Equity ex U.S. Index Non-Lending Series Fund Class A, SSgA U.S. Bond Index Non-Lending Series Fund Class A, SSgA REIT Index Non-Lending Series Fund Class A, SSgA Russell All Cap Index Non-Lending Series Fund Class A, SSgA U.S. Inflation Protected Bond Index Non-Lending Series Fund Class A and Northern Trust Global Investments Collective Short-Term Investment Fund. The Conservative Risk Fund is the most conservative strategy among the Target Risk Funds. The Conservative Risk Fund is designed for investors who prefer lower volatility of returns and higher expected income.

(n) The Moderate Risk Fund seeks to invest in a combination of U.S. stocks, non-U.S. stocks, bonds, commodities and cash-equivalent investments, and allocates its assets among these investments according to a fixed strategic asset allocation strategy. The Fund invests in the SSgA Global Equity ex U.S. Index Non-Lending Series Fund Class A, State Street Bloomberg Roll Select Commodity IndexSM Non-Lending Series Fund Class A, SSgA U.S. Bond Index Non-Lending Series Fund Class A, SSgA REIT Index Non-Lending Series Fund Class A, SSgA Russell All Cap Index Non-Lending Series Fund Class A, SSgA U.S. Inflation Protected Bond Index Non-Lending Series Fund Class A, and Northern Trust Global Investments Collective Short-Term Investment Fund. The Moderate Risk Fund is designed for investors who seek a combination of capital appreciation and income. This Fund is expected to have higher volatility of returns than the Conservative Risk Fund but lower volatility than the Aggressive Risk Fund.

(o) The Aggressive Risk Fund seeks to invest in a combination of U.S. stocks, non-U.S. stocks, bonds, commodities and cash-equivalent investments, and allocates its assets among these investments according to a fixed strategic asset allocation strategy. The Fund invests in the SSgA Global Equity ex U.S. Index Non-Lending Series Fund Class A, State Street Bloomberg Roll Select Commodity IndexSM Non-Lending Series Fund Class A, SSgA U.S. Bond Index Non-Lending Series Fund Class A, SSgA REIT Index Non-Lending Series Fund Class A, SSgA Russell All Cap Index Non-Lending Series Fund Class A, and SSgA U.S. Inflation Protected Bond Index Non-Lending Series Fund Class A. The Aggressive Risk Fund is designed for investors who want high growth and capital appreciation. This Fund is expected to have the highest volatility of returns among the Target Risk Funds.

(p) The Large Cap Equity Fund seeks to invest primarily in equity securities of large capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, large capitalization companies are considered those with a market capitalization of greater than $1 billion.

Note 4 - Investments and Fair Value Measurements, continued

(q) The Small-Mid Cap Equity Fund seeks to invest primarily in equity securities of small and medium capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, small and medium capitalization companies are considered those with a market capitalization within the range of $100 million and $20 billion.

(r) The International Index Equity Fund seeks to invest in securities of non-U.S. companies included in the Morgan Stanley Capital International All-Country World Ex-U.S. Index, which we refer to as the MSCI ACWI ex-US Index, with the objective of replicating, before expenses, the total rate of return of the MSCI ACWI ex-US Index.

(s) The Global All Cap Equity Fund seeks to invest primarily in equity securities of companies of any size located throughout the world, including those domiciled in the U.S., through investments in the Large Cap Equity Fund, Small-Mid Cap Equity Fund and International All Cap Equity Fund. The Fund's objective is to achieve long-term growth of capital. Any income received is incidental to this objective.

(t) The Alternative Alpha Fund is a diversified portfolio with exposure to a broad set of investments with the objective of providing total returns over longer time periods in excess of the yield on cash-equivalent investments, although the Alternative Alpha Fund can be expected to have greater risk and volatility than cash-equivalent investments.

The following presents investments at December 31, 2014 and 2013, which represent 5% or more of the Plan's net assets:

	2014	2013
Collective Trust		
Bond Core Plus Fund	$ 926,254	$ 914,311
Large-Cap Index Equity Fund	1,266,556	**
All Cap Index Equity Fund	993,575	904,659
International All Cap Equity Fund	**	858,368
2020 Retirement Date Fund	1,038,560	942,359
2030 Retirement Date Fund	975,259	**
2040 Retirement Date Fund	928,241	**
Large Cap Equity Fund	1,367,733	1,294,648
Small-Mid Cap Equity Fund	**	943,648
Stable Asset Return Fund, at Contract Value	2,761,548	3,301,970

** - *This investment did not represent 5% or more of the Plan's net assets for the period indicated.*

No individual common stock within the Common Stocks investment option represents 5% or more of the Plan's net assets available for benefits at December 31, 2014 and 2013.

Note 4 - Investments and Fair Value Measurements, 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 $926,697 as follows:

Collective Trust-Managed Funds	$ 264,231
Collective Trust-Index Funds	342,114
Collective Trust-Retirement Date Funds	153,719
Common Stocks and Mutual Funds	166,633
	$ 926,697

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 6 - Federal Income Tax Status

As discussed in Note 1, the Plan adopted the Collective Trust sponsored by ABA/RF. The Collective Trust has received an opinion letter from the Internal Revenue Service dated March 31, 2014, that it is acceptable for use under Section 401 of the IRC by employers for the benefit of their employees, and that the related Collective Trust under the master plan is exempt from income tax under Section 501(a) of the IRC. This opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. The Plan Administrator has evaluated tax positions taken by the Plan and has concluded that the Plan had maintained its tax exempt status and had taken no uncertain positions that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to income tax examinations by the U.S. federal tax authorities over a three year statute of limitations from the date of filing. Any potential interest and penalty associated with a tax position would be included as a component of income tax expense in the period in which the assessment arises.

Note 7 - Risks and Uncertainties

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

Note 8 - Party-In-Interest Transactions

Certain administrative functions are performed by officers or employees of the Company who receive no compensation from the Plan. In addition, during the year ended December 31, 2014, the Company paid parties-in-interest certain administrative and audit fees on behalf of the Plan.

Note 9 - Subsequent Events

ABA Retirement Funds changed the trustee and investment fiduciary of the Collective Trust to Mercer Trust Company on September 7, 2015.

The Plan Administrator has reviewed events that have occurred after December 31, 2014 through October 12, 2015, the date the financial statements were available for issuance. During this period, other than the aforementioned events, the Plan did not have any material subsequent events.

KANE RUSSELL COLEMAN & LOGAN PC 401(K) PROFIT SHARING PLAN

Supplemental Schedules

Schedule of Assets (Held at End of Year)
As of December 31, 2014

KANE RUSSELL COLEMAN & LOGAN PC
401(K) PROFIT SHARING PLAN
Form 5500 Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
as of December 31, 2014

	(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	**(e)** Current value
*		American Bar Association Members/Northern Trust Collective Trust	Stable Asset Return Fund, at Contract Value	$ 2,761,548
*		American Bar Association Members/Northern Trust Collective Trust	Bond Core Plus Fund	926,254
*		American Bar Association Members/Northern Trust Collective Trust	Balanced Fund	253,169
*		American Bar Association Members/Northern Trust Collective Trust	All Cap Index Equity Fund	993,575
*		American Bar Association Members/Northern Trust Collective Trust	International All Cap Equity Fund	836,923
*		American Bar Association Members/Northern Trust Collective Trust	Lifetime Income Retirement Date Fund	2,194
*		American Bar Association Members/Northern Trust Collective Trust	2020 Retirement Date Fund	1,038,560
*		American Bar Association Members/Northern Trust Collective Trust	2030 Retirement Date Fund	975,259
*		American Bar Association Members/Northern Trust Collective Trust	2040 Retirement Date Fund	928,241
*		American Bar Association Members/Northern Trust Collective Trust	2050 Retirement Date Fund	50,803
*		American Bar Association Members/Northern Trust Collective Trust	Real Asset Return Fund	196,509
*		American Bar Association Members/Northern Trust Collective Trust	Conservative Risk Fund	170,321
*		American Bar Association Members/Northern Trust Collective Trust	Moderate Risk Fund	152,808
*		American Bar Association Members/Northern Trust Collective Trust	Aggressive Risk Fund	277,788
*		American Bar Association Members/Northern Trust Collective Trust	Large Cap Equity Fund	1,367,733
*		American Bar Association Members/Northern Trust Collective Trust	Small-Mid Cap Equity Fund	819,668
*		American Bar Association Members/Northern Trust Collective Trust	International Index Equity Fund	473,140
*		American Bar Association Members/Northern Trust Collective Trust	Bond Index Fund	609,507
*		American Bar Association Members/Northern Trust Collective Trust	Large Cap Index Equity Fund	1,266,556
*		American Bar Association Members/Northern Trust Collective Trust	Mid Cap Index Equity Fund	684,511
*		American Bar Association Members/Northern Trust Collective Trust	Small Cap Index Equity Fund	421,968
*		American Bar Association Members/Northern Trust Collective Trust	Large-Cap Global All Cap	53,147
*		American Bar Association Members/Northern Trust Collective Trust	Alternative Alpha Fund	3,092
		Self-Managed Accounts	Mutual Funds	439,034
		Self-Managed Accounts	Common Stocks	2,198,519
		Self-Managed Accounts	Money Market	154,696
*		Notes Receivable from Participants	Lowest 4.25%, Highest 9.25%	300,359
			Total	$ 18,355,882

* Column (a) indicates each identified person/entity known to be a party-in-interest with respect to the Plan.

Column (d) has been omitted as this is a participant directed plan.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KANE, RUSSELL, COLEMAN & LOGAN, P.C. **EIN:** 75-2410848
Plan Sponsor's Name KANE RUSSELL COLEMAN & LOGAN, PC **PN:** 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
	ABA MEM./NORTHERN TRUST COLL. TR	2030 RETIREMENT DATE FUND		975,259
	ABA MEM./NORTHERN TRUST COLL. TR	2040 RETIREMENT DATE FUND		928,241
	ABA MEM./NORTHERN TRUST COLL. TR	2050 RETIREMENT DATE FUND		50,803
	ABA MEM./NORTHERN TRUST COLL. TR	SELF-MANAGED BROKERAGE ACCOUN		2,792,249
	ABA MEM./NORTHERN TRUST COLL. TR	LOAN FUND		300,359

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KANE, RUSSELL, COLEMAN & LOGAN, P.C. **EIN:** 75-2410848
Plan Sponsor's Name KANE RUSSELL COLEMAN & LOGAN, PC **PN:** 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
	ABA MEM./NORTHERN TRUST COLL. TR	SMALL-CAP INDEX EQUITY FUND		421,968
	ABA MEM./NORTHERN TRUST COLL. TR	SMALL-MID CAP EQUITY FUND		819,668
	ABA MEM./NORTHERN TRUST COLL. TR	INTERNATIONAL ALL CAP EQUITY		836,923
	ABA MEM./NORTHERN TRUST COLL. TR	INTERNATIONAL INDEX EQUITY FD		473,140
	ABA MEM./NORTHERN TRUST COLL. TR	LIFETIME INCOME RETIRE DATE		2,195
	ABA MEM./NORTHERN TRUST COLL. TR	2010 RETIREMENT DATE FUND		0
	ABA MEM./NORTHERN TRUST COLL. TR	2020 RETIREMENT DATE FUND		1,038,560

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KANE, RUSSELL, COLEMAN & LOGAN, P.C. **EIN:** 75-2410848
Plan Sponsor's Name KANE RUSSELL COLEMAN & LOGAN, PC **PN:** 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
	ABA MEM./NORTHERN TRUST COLL. TR	AGGRESSIVE RISK FUND		277,788
	ABA MEM./NORTHERN TRUST COLL. TR	BALANCED FUND		253,169
	ABA MEM./NORTHERN TRUST COLL. TR	LARGE-CAP INDEX EQUITY FUND		1,266,556
	ABA MEM./NORTHERN TRUST COLL. TR	LARGE-CAP EQUITY FUND		1,367,733
	ABA MEM./NORTHERN TRUST COLL. TR	GLOBAL ALL CAP EQUITY FUND		53,147
	ABA MEM./NORTHERN TRUST COLL. TR	ALL CAP INDEX EQUITY		993,575
	ABA MEM./NORTHERN TRUST COLL. TR	MID-CAP INDEX EQUITY FUND		684,511

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KANE, RUSSELL, COLEMAN & LOGAN, P.C. **EIN:** 75-2410848
Plan Sponsor's Name KANE RUSSELL COLEMAN & LOGAN, PC **PN:** 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
	ABA MEM./NORTHERN TRUST COLL. TR	STABLE ASSET RETURN FUND		2,761,548
	ABA MEM./NORTHERN TRUST COLL. TR	REAL ASSET RETURN FUND		196,509
	ABA MEM./NORTHERN TRUST COLL. TR	BOND INDEX FUND		609,507
	ABA MEM./NORTHERN TRUST COLL. TR	ALTERNATIVE ALPHA FUND		3,092
	ABA MEM./NORTHERN TRUST COLL. TR	BOND CORE PLUS FUND		926,254
	ABA MEM./NORTHERN TRUST COLL. TR	CONSERVATIVE RISK FUND		170,321
	ABA MEM./NORTHERN TRUST COLL. TR	MODERATE RISK FUND		152,808