# 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
KNOBBE MARTENS OLSON & BEAR, LLP 401K RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/1991

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
KNOBBE MARTENS OLSON & BEAR, LLP

2040 MAIN STREET
14TH FLOOR
IRVINE, CA 92614-7216

**2b** Employer Identification Number (EIN)
95-3605138

**2c** Plan Sponsor's telephone number
949-760-0404

**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 | STEVEN NATAUPSKY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 825 |
| **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)** | 629 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 688 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 219 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 907 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 907 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 905 |
| **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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**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
KNOBBE MARTENS OLSON & BEAR, LLP 401K RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
KNOBBE MARTENS OLSON & BEAR, LLP

**D** Employer Identification Number (EIN)
95-3605138

## 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

GALLIARD CAPITAL MANAGEMENT, INC.
800 LASALLE AVENUE
MINNEAPOLIS, MN 55402

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

PACIFIC INVESTMENT MANAGEMENT COMPA

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

COLUMBUS CIRCLE INVESTORS

ONE STATION PLACE
STAMFORD, CT 06902

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

DELAWARE INVESTMENT ADVISERS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

JENNISON

466 LEXINGTON AVENUE
NEW YORK, NY 10017

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

ARISTOTLE CAPITAL MANAGEMENT, LLC

11100 SANTA MONICA BLVD.
SUITE 1700
LOS ANGELES, CA 90025

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

HOYLECHOEN, LLC

20-4860430

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

PACIFIC INVESTMENT MANAGEMENT CO

840 NEWPORT CENTER DRVIE
SUITE 100
NEWPORT BEACH, CA 92660

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

COLUMBUS CIRCLE INVESTORS

ONE STATION PLACE
STAMFORD, CT 06902

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

DELAWARE INVESTMENT ADVISERS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

JENNISON

466 LEXINGTON AVENUE
NEW YORK, NY 10017

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

C.S. MCKEE

ONE GATEWAY CENTER
PITTSBURGH, PA 15222

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

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

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

| **(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
KNOBBE MARTENS OLSON & BEAR, LLP 401K RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
KNOBBE MARTENS OLSON & BEAR, LLP

**D** Employer Identification Number (EIN)
95-3605138

## 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 | 104642679 |

**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 |

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

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

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|---|---|
| **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
KNOBBE MARTENS OLSON & BEAR, LLP 401K RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
KNOBBE MARTENS OLSON & BEAR, LLP

**D** Employer Identification Number (EIN)
95-3605138

## 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) | 1535629 | 1698948 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 2257918 | 2536476 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 96133186 | 104642679 |
| **(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) | 14682774 | 17794389 |

| | | | (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 | 114609507 | 126672492 |
| | **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 | 114609507 | 126672492 |

## 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) | 4351560 | |
| | **(B)** Participants | 2a(1)(B) | 4984380 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 109867 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 9445807 |
| **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) | 101004 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 101004 |
| | **(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) | | 6445834 |
| **(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 | | 13287 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 16005932 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3837946 | |
| **(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) | | 3837946 |
| **f** Corrective distributions (see instructions) | 2f | | 2019 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 94863 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | 8119 | |
| **(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) | | 8119 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3942947 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 12062985 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: LESLEY,THOMAS,SCHWARZ & POSTMA **(2)** EIN: 95-3864890

**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
KNOBBE MARTENS OLSON & BEAR, LLP 401K RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
KNOBBE MARTENS OLSON & BEAR, LLP

**D** Employer Identification Number (EIN)
95-3605138

## 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**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 0.0% 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):

# Knobbe, Martens, Olson & Bear, LLP
# 401(k) Retirement Savings Plan

## Report, Financial Statements and Supplemental Schedule

## December 31, 2014 and 2013 and Year Ended December 31, 2014

LESLEY, THOMAS, SCHWARZ & POSTMA, INC.
CERTIFIED PUBLIC ACCOUNTANTS
*A Professional Accountancy Corporation*

***Principals***
*John Postma II*
*Thomas R. Madigan*
*Mark D. Murphy*
*Doris D. Farinacci*
*Mark A. Simurda*
*Cyndi M. LeBerthon*

Independent Auditor's Report

To the Retirement Plan Committee of the
Knobbe, Martens, Olson & Bear, LLP 401(k) Retirement Savings Plan

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Knobbe, Martens, Olson & Bear, LLP 401(k) Retirement Savings Plan, which are comprised of 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the investment custodian, and VOYA Institutional Plan Services, LLC ("VOYA") formerly known as ING, the investment contract record keeper, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodian and investment contract record keeper hold the Plan's investment assets and execute investment transactions.

The plan administrator has obtained certifications from the investment custodian and investment contract record keeper 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 investment custodian and investment contract record keeper is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this 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 by the investment custodian and investment contract record keeper, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A Professional Accountancy Corporation
Newport Beach, California
October 14, 2015

**Knobbe, Martens, Olson & Bear, LLP**
**401(k) Retirement Savings Plan**
**Statements of Net Assets Available for Benefits**

| | December 31, | |
|---|---|---|
| | **2014** | **2013** |
| Assets | | |
| Investments, at fair value | | |
| Common/collective trust funds | $ 105,159,558 | $ 96,343,529 |
| Participant directed brokerage accounts | 17,794,389 | 14,682,774 |
| Total investments | 122,953,947 | 111,026,303 |
| Receivables | | |
| Employer contributions | 1,698,948 | 1,535,629 |
| Notes receivable from participants | 2,536,476 | 2,257,918 |
| Total receivables | 4,235,424 | 3,793,547 |
| Total assets | 127,189,371 | 114,819,850 |
| Liability | - | - |
| Net assets available for benefits, at fair value | 127,189,371 | 114,819,850 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract | (516,879) | (210,343) |
| Net assets available for benefits | $ 126,672,492 | $ 114,609,507 |

See the accompanying notes to these financial statements

**Knobbe, Martens, Olson & Bear, LLP**
**401(k) Retirement Savings Plan**
**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2014**

| | |
|---|---|
| Additions to net assets attributed to: | |
| Investment income | |
| Net appreciation in fair value of investments | $ 6,497,785 |
| Interest income on notes receivable from participants | 101,004 |
| Contributions | |
| Employer | 4,310,877 |
| Participants | 4,984,380 |
| Participant rollovers | 109,867 |
| Total contributions | 9,405,124 |
| Total additions | 16,003,913 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 3,932,809 |
| Administrative expense | 8,119 |
| Total deductions | 3,940,928 |
| Net increase in net assets available for benefits | 12,062,985 |
| Net assets available for benefits, beginning of year | 114,609,507 |
| Net assets available for benefits, end of year | $ 126,672,492 |

See the accompanying notes to these financial statements

## Note 1. Description of the Plan

The following description of the Knobbe, Martens, Olson & Bear, LLP 401(k) Retirement Savings 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 was established January 1, 1991 by Knobbe, Martens, Olson & Bear (the "Organization" or "Employer") as a defined contribution plan covering substantially all employees of the Organization and related employee affiliated entities who have met certain eligibility requirements. Pursuant to a change in business form, the Organization name was changed to Knobbe, Martens, Olson & Bear, LLP. The Plan has a pre-tax salary reduction provision as defined under Section 401(k) of the Internal Revenue Code (the "IRC"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### *Eligibility*

The Plan covers five classes of participants, 1) associate attorneys, 2) equity partners, 3) non-equity partners, 4) of counsel attorneys, and 5) all other employees. Associate attorneys, equity partners, non-equity partners, of-counsel attorneys and all other employees are eligible to participate in the Plan once they have attained age 21.

### *Participant Deferrals*

The Organization's eligible participants may elect to defer a portion of their compensation by contributing to the Plan, subject to the limitations as defined by the IRC, each year on a pre-tax basis by salary reductions.

### *Discretionary Organization Contributions*

The Organization may make a discretionary profit sharing contribution on behalf of eligible participants. Participants eligible to receive a discretionary profit sharing contribution include 1) associate attorneys, 2) equity partners, 3) non-equity partners, 4) of counsel attorneys and 5) all other employees. The determination of whether a discretionary profit sharing contribution is allocated to a participant is not dependent on whether participants choose to make a salary deferral election. Participants must be an employee on the last day of the Plan year in order to receive a discretionary profit sharing contribution. During the year ended December 31, 2014, the Organization made a discretionary profit sharing contribution net of forfeitures of approximately $4,311,000.

**Note 1. Description of the Plan (continued)**

***Participant Accounts***

Each participant's account is credited with the Organization's contribution, participant's contribution, and allocation of the Plan's earnings net of investment and operating expenses charged to the Plan. Allocations are based upon the investment fund as pre-selected by the participant and allocated based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

***Vesting***

Participants are immediately vested in their voluntary elective deferrals plus actual earnings thereon.

Participants become vested in the Organization's discretionary contributions and related earnings made to the participants' accounts based on the number of years of service according to the following schedule:

| Years of Service | Percentage |
|---|---|
| Less than two years | 0% |
| Two years but less than three | 20% |
| Three years but less than four | 40% |
| Four years but less than five | 60% |
| Five years but less than six | 80% |
| Six years or more | 100% |

***Payment of Benefits***

On termination of service, a participant will receive a lump-sum amount equal to the value of his or her account. If the participant's vested account balance is greater than $5,000, the participant has the option to receive a lump-sum distribution or leave their account balance in the Plan.

***Participant Directed Investments***

A participant may choose among various investment funds in which his or her respective discretionary contribution account and participant deferral account may be invested, subject to the limitations described in the Plan.

***Forfeitures***

Forfeitures are determined on the last day of the Plan year and are used to reduce the discretionary Organization contribution in the following year. During 2014, approximately $129,500 of forfeitures were used to reduce discretionary Organization contributions. At December 31, 2014 and 2013, there were approximately $118,000 and $129,500, respectively, of unallocated forfeitures available to reduce Organization contributions.

**Note 1. Description of the Plan (continued)**

***Administrative Expenses***

The Organization provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Fees related to certain participant requested investment management services are charged directly to participant's accounts are included in administrative expense. Investment related expenses are included in net appreciation of fair value of investments.

***Notes Receivable from Participants***

Participants may borrow from their accounts up to a maximum of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate which is commensurate with local prevailing rates as determined by the Plan.

Generally, loans must be repaid within five years, unless the loan was for the purchase of a principal residence. In this case, the repayment period may be extended. Principal and interest is paid ratably through payroll deductions. Delinquent or defaulted notes receivables from participants are written off as "deemed" distributions at the end of the quarter following the quarter in which the default occurs.

The Plan classifies participant loans as notes receivable from participants in the statements of net assets available for benefits and measures them at their unpaid principal balance plus any accrued interest.

***Common/Collective Trust Funds***

The Plan participates in an arrangement with American Bar Association Members/Northern Trust Collective Trust whereby the assets of the Plan are pooled with those of other unrelated plans in common/collective trust fund investment accounts. The Plan owns units of participation in the fair value of the account's underlying assets. American Bar Association Members/Northern Trust holds these assets in trust for the participating plans.

## Note 2. Summary of Significant Accounting Policies

### *Basis of Presentation*

The Plan presents its financial statements on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. The accounting records of the Plan are maintained by The Northern Trust Company.

The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract (Stable Asset Return fund – common/collective trust fund) from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

The account of the fully benefit-responsive investment contract is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value with an adjustment to contract value as reported to the Plan by American Bar Association Members/Northern Trust.

The fair value of the investment contract at December 31, 2014 and 2013 was $22,025,299 and $22,392,460, respectively. The contract value of the investment contract at December 31, 2014 and 2013 was $21,508,420 and $22,182,117, respectively.

### *Non-Distributed Benefits*

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

### *Valuation of Investments*

All investments are carried at fair value or an approximation of fair value, except for the fully benefit-responsive investment contract (Stable Asset Return Fund) which is based on the net asset value reported by the fund (this fund is adjusted and reported at contract 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 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is accrued as earned.

### *Accounting Estimates*

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

**Note 2. Summary of Significant Accounting Policies (continued)**

***Contribution Funding***

The Organization makes contributions for employee contributions on a bi-weekly and semi-monthly basis concurrent with each pay period. The Organization typically makes discretionary Organization contributions on both a semi-monthly basis and an annual basis.

***Subsequent Events***

The Plan was restated on April 1, 2015 when the Plan replaced the investment contract record keeper and the investment custodian with another trustee. Concurrently, all of the investments in the Plan were transferred to funds offered under the new trustee. Effective with the restatement, the Plan elected an automatic enrollment feature for employees hired on or after April 1, 2015 and once they reach initial eligibility. Employees have the option to decline enrollment.

Subsequent events have been evaluated through October 14, 2015, the date financial statements were available for issuance.

**Note 3. Investments**

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

| | December 31, | |
|---|---|---|
| | **2014** | **2013** |
| Common/collective trust funds | | |
| Stable Asset Return Fund | $ 22,025,299 | $ 22,392,460 |
| Large Cap Equity Fund | $ 12,647,842 | $ 11,394,548 |
| All Cap Index Equity Fund | $ 15,070,869 | $ 12,877,960 |
| Small-Mid Cap Equity Fund | $ 7,200,857 | $ 7,452,334 |
| 2040 Retirement Date Fund | $ 7,076,444 | $ 6,229,582 |

During the year ended December 31, 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 investment type, as follows:

| | **Year Ended December 31, 2014** |
|---|---|
| Common/collective trust funds | $ 5,657,739 |
| Participant directed brokerage accounts | 840,046 |
| | $ 6,497,785 |

**Note 4. Information Certified by the Investment Custodian and Investment Contract Record Keeper**

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information as certified by VOYA, the investment contract record keeper, and The Northern Trust Company, the investment custodian of the Plan, as complete and accurate, except for comparing such information certified by the investment contract record keeper and investment custodian.

a) Investments

| | December 31, | |
|---|---|---|
| | **2014** | **2013** |
| Common/collective trust funds (at fair value) | $ 83,134,259 | $ 73,951,069 |
| Common/collective trust fund (at contract value) | $ 21,508,420 | $ 22,182,117 |
| b) Notes receivable from participants* | $ 2,536,476 | $ 2,257,918 |

**Notes receivable from participants were certified by the investment contract record keeper. The notes receivable from participants are participant loans allowed under the related regulations. They are included as investments on the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.*

c) Investment income and other additions

| | Year Ended December 31, 2014 |
|---|---|
| Net appreciation in fair value of investments** | $ 5,657,739 |
| Interest income on notes receivable from participants | $ 101,004 |

***Amount does not include net appreciation from participant directed brokerage accounts which were not certified.*

d) Supplemental Schedule:
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)***

****Except for the investment in the Stable Asset Return Fund which was certified at contract value and presented at fair value on the supplemental schedule.*

**Note 5. Fair Value Measurements**

Fair value measurements are based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

*Common/collective trust funds:* These investments are public investment securities valued using the Net Asset Value ("NAV") provided by the investment custodian. The NAV is quoted on a private market that is not active, however, the unit price is based on the underlying investments. A majority of the investments held by each fund are traded on an active market.

*Participant directed brokerage accounts:* Investments included in the self-directed brokerage accounts include the following: 1) Interest bearing cash and cash equivalents include money market funds and other highly liquid short-term investments and are valued at the closing quoted market price reported on the active market on which the public investment securities are traded, 2) Mutual funds which are valued at the closing quoted market price reported on the active market on which the public investment securities are traded, 3) Corporate equities are primarily investments in common stock valued at the closing quoted market price reported on the active market on which the individual securities are traded, and 4) Corporate debt is primarily investments in corporate bonds valued at the closing quoted market price reported on the active market on which the individual securities are traded.

**Note 5. Fair Value Measurements (continued)**

The following tables set forth by level within the fair value hierarchy the investments held by the Plan as of December 31, 2014 and 2013:

| | Fair Value Measurements Using Input Type | | | |
|---|---|---|---|---|
| **December 31, 2014** | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Common/collective trust funds | | | | |
| Index funds | $ --- | $ 26,728,626 | $ --- | $ 26,728,626 |
| Blend funds | --- | 19,848,699 | --- | 19,848,699 |
| Growth fund | --- | 968,062 | --- | 968,062 |
| Balanced fund | --- | 4,015,558 | --- | 4,015,558 |
| Asset allocation fund | --- | 1,678,325 | --- | 1,678,325 |
| Bond funds | --- | 7,013,794 | --- | 7,013,794 |
| International funds | --- | 6,981,890 | --- | 6,981,890 |
| Target date funds | --- | 14,390,783 | --- | 14,390,783 |
| Fixed income funds | --- | 22,799,184 | --- | 22,799,184 |
| Specialty fund | --- | 734,637 | --- | 734,637 |
| Participant directed brokerage accounts | | | | |
| Interest bearing cash | 1,794,734 | --- | --- | 1,794,734 |
| Mutual funds | 10,155,855 | --- | --- | 10,155,855 |
| Corporate equities | 5,729,277 | --- | --- | 5,729,277 |
| Corporate debt | 85,414 | --- | --- | 85,414 |
| Other | 29,109 | --- | --- | 29,109 |
| Total investments measured at fair value | $ 17,794,389 | $105,159,558 | $ --- | $122,953,947 |

**Note 5. Fair Value Measurements (continued)**

| December 31, 2013 | Fair Value Measurements Using Input Type: Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Common/collective trust funds | | | | |
| Index funds | $ --- | $ 22,780,933 | $ --- | $ 22,780,933 |
| Blend funds | --- | 18,846,882 | --- | 18,846,882 |
| Growth fund | --- | 926,224 | --- | 926,224 |
| Balanced fund | --- | 3,949,855 | --- | 3,949,855 |
| Asset allocation fund | --- | 964,902 | --- | 964,902 |
| Bond funds | --- | 5,850,314 | --- | 5,850,314 |
| International funds | --- | 6,763,616 | --- | 6,763,616 |
| Target date funds | --- | 12,324,465 | --- | 12,324,465 |
| Fixed income funds | --- | 23,132,006 | --- | 23,132,003 |
| Specialty fund | --- | 804,332 | --- | 804,332 |
| Participant directed brokerage accounts | | | | |
| Interest bearing cash | 1,827,060 | --- | --- | 1,827,060 |
| Mutual funds | 7,950,666 | --- | --- | 7,950,666 |
| Corporate equities | 4,752,852 | --- | --- | 4,752,852 |
| Corporate debt | 94,767 | --- | --- | 94,767 |
| Other | 57,429 | --- | --- | 57,429 |
| Total investments measured at fair value | $14,682,774 | $ 96,343,529 | $ --- | $111,026,303 |

The following table presents additional information relative to Plan investments reported on net asset value at December 31, 2014 and 2013:

| December 31, 2014 | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Stable Asset Return Fund (a) | $ 22,025,299 | $ --- | Daily | None | None |
| Real Asset Return Fund (b) | $ 734,637 | $ --- | Daily | None | None |
| Bond Index Fund (c) | $ 1,321,797 | $ --- | Daily | None | None |
| Bond Core Plus Fund (d) | $ 5,691,997 | $ --- | Daily | None | None |
| Conservative Risk Fund (e) | $ 475,638 | $ --- | Daily | None | None |
| Moderate Risk Fund (f) | $ 1,678,325 | $ --- | Daily | None | None |
| Aggressive Risk Fund (g) | $ 968,062 | $ --- | Daily | None | None |
| Balanced Fund (h) | $ 4,015,558 | $ --- | Daily | None | None |
| Large-Cap Equity Fund (i) | $ 12,647,842 | $ --- | Daily | None | None |
| All Cap Index Equity Fund (j) | $ 15,070,869 | $ --- | Daily | None | None |
| Mid-Cap Index Equity Fund (k) | $ 3,826,857 | $ --- | Daily | None | None |
| Small-Cap Index Equity Fund (l) | $ 2,472,654 | $ --- | Daily | None | None |

## Note 5. Fair Value Measurements (continued)

| December 31, 2014 (continued) | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Small-Mid Cap Equity Fund (m) | $ 7,200,857 | $ --- | Daily | None | None |
| International All Cap Equity (n) | $ 4,272,126 | $ --- | Daily | None | None |
| International Index Equity Fund (o) | $ 2,515,276 | $ --- | Daily | None | None |
| Lifetime Income Retire Date (p) | $ 277,403 | $ --- | Daily | None | None |
| 2010 Retirement Date Fund (p) | $ 471,990 | $ --- | Daily | None | None |
| 2020 Retirement Date Fund (p) | $ 1,867,828 | $ --- | Daily | None | None |
| 2030 Retirement Date Fund (p) | $ 4,236,206 | $ --- | Daily | None | None |
| 2040 Retirement Date Fund (p) | $ 7,076,444 | $ --- | Daily | None | None |
| 2050 Retirement Date Fund (p) | $ 738,315 | $ --- | Daily | None | None |
| Large-Cap Index Equity Fund (q) | $ 5,358,246 | $ --- | Daily | None | None |
| Alternative Alpha Fund (r) | $ 20,844 | $ --- | Daily | None | None |
| Global All Cap Equity (s) | $ 194,488 | $ --- | Daily | None | None |

| December 31, 2013 | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Stable Asset Return Fund (a) | $ 22,392,460 | $ --- | Daily | None | None |
| Real Asset Return Fund (b) | $ 804,332 | $ --- | Daily | None | None |
| Bond Index Fund (c) | $ 1,248,969 | $ --- | Daily | None | None |
| Bond Core Plus Fund (d) | $ 4,601,345 | $ --- | Daily | None | None |
| Conservative Risk Fund (e) | $ 474,255 | $ --- | Daily | None | None |
| Moderate Risk Fund (f) | $ 964,902 | $ --- | Daily | None | None |
| Aggressive Risk Fund (g) | $ 926,224 | $ --- | Daily | None | None |
| Balanced Fund (h) | $ 3,949,855 | $ --- | Daily | None | None |
| Large-Cap Equity Fund (i) | $ 11,394,548 | $ --- | Daily | None | None |
| All Cap Index Equity Fund (j) | $ 12,877,960 | $ --- | Daily | None | None |
| Mid-Cap Index Equity Fund (k) | $ 3,481,621 | $ --- | Daily | None | None |
| Small-Cap Index Equity Fund (l) | $ 2,287,207 | $ --- | Daily | None | None |
| Small-Mid Cap Equity Fund (m) | $ 7,452,334 | $ --- | Daily | None | None |
| International All Cap Equity (n) | $ 4,475,731 | $ --- | Daily | None | None |
| International Index Equity Fund (o) | $ 2,202,303 | $ --- | Daily | None | None |
| Lifetime Income Retire Date (p) | $ 240,179 | $ --- | Daily | None | None |
| 2010 Retirement Date Fund (p) | $ 461,217 | $ --- | Daily | None | None |

## Note 5. Fair Value Measurements (continued)

| December 31, 2013 (continued) | Fair Value | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| 2020 Retirement Date Fund (p) | $ 1,705,563 | $ --- | Daily | None | None |
| 2030 Retirement Date Fund (p) | $ 3,618,442 | $ --- | Daily | None | None |
| 2040 Retirement Date Fund (p) | $ 6,229,582 | $ --- | Daily | None | None |
| 2050 Retirement Date Fund (p) | $ 309,661 | $ --- | Daily | None | None |
| Large-Cap Index Equity Fund (q) | $ 4,134,145 | $ --- | Daily | None | None |
| Alternative Alpha Fund (r) | $ 25,112 | $ --- | Daily | None | None |
| Global All Cap Equity (s) | $ 85,582 | $ --- | Daily | None | None |

The following additional information presents the fund strategy relative to Plan investments reported on net asset value at December 31, 2014 and 2013:

(a) The investment objective is to provide current income consistent with the preservation of principal and liquidity. The fund may invest in investment contracts ("Traditional Investment Contracts") and synthetic guaranteed investment contracts ("SGICs", "Security-Backed Contracts" or "Wrap Contracts") with associated underlying assets, and high quality, fixed income in other collective investment funds maintained by one or more banks, including Northern Trust Investments, Inc.

(b) This 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 this fund can be expected to have greater volatility than the CPI U.

(c) Seeks replication of the total return of the Barclay's Capital U.S. Aggregate Bond Index, after taking into account fund expenses.

(d) Seeks to achieve a total return from current income and capital appreciation through investment in a diversified portfolio of fixed income securities with varying maturities.

(e) Invests in a combination of U.S. stocks, non-U.S. stocks, bonds, 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 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.

**Note 5. Fair Value Measurements (continued)**

(f) Invests 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, SSgA Dow Jones UBS-Commodity Index Non-Lending Series Fund Class A, SSgA U.S. Bond Index Non-Lending Series Fund Class A, SSgA/Tuckerman 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.

(g) Invests 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, SSgA Dow Jones UBS-Commodity Index Non-Lending Series Fund Class A, SSgA U.S. Bond Index Non-Lending Series Fund Class A, SSgA/Tuckerman 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.

(h) 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.

(i) Seeks long-term growth of capital through investment primarily in common stocks and equity-type securities of larger-capitalization U.S. companies with market capitalizations, at the time of purchase, of greater than $1 billion.

(j) Seeks replication of the total return of the Russell 3000 Index, after taking into account fund expenses.

(k) Seeks replication of the total return of the S&P Mid-Cap 400, after taking into account fund expenses.

(l) Seeks replication of the total return of the Russell 2000 Index, after taking into account fund expenses.

(m) Seeks long-term growth of capital through investment primarily in common stocks and equity-type securities of small to medium capitalization U.S. companies with market capitalization, at the time of purchase, of between $100 million and $20 billion.

**Note 5. Fair Value Measurements (continued)**

(n) Seeks long-term growth of capital primarily through investment in common stocks and other equity securities of non-U.S. domiciled companies

(o) Seeks replication of the total return of the Morgan Stanley Capital International All-Country World Ex-U.S. ("MSCI ACWI ex-US") Index, after taking into account fund expenses. As of December 31, 2013, 100% of the fund's net assets were invested indirectly through the SSgA Global Equity ex U.S. Index Non-Lending Series Fund Class A, which is a collective investment fund maintained by State Street Bank that invests in securities contained in the MSCI ACWI ex-US Index.

(p) Utilizes a broad range of asset classes and a quarterly rebalancing process to provide diversification of returns and risks consistent with the stated time horizon to most conservative asset mix.

(q) Seeks replication of the total return of the S&P 500®, after taking into account Fund expenses.

(r) Long-term total returns in excess of the yield on cash-equivalent investments through investments in a broad range of liquid asset classes, including a diversified portfolio of securities and instruments. The investment strategies used by the Investment Advisors are non-traditional, and include the use of derivatives, leverage, hedging and shorting. These strategies have certain non-traditional risks.

(s) Seeks long-term growth of capital primarily through investment in common stocks and other equity securities of companies located throughout the world, including those domiciled in the United States of America, through investments in the Large Cap Equity Fund, the Small-Mid Cap Equity Fund and the International All Cap Equity Fund.

**Note 6. Risks and Uncertainties**

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

**Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Organization 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 8. Tax Status

The Organization adopted a volume submitter profit sharing plan document which obtained its most recent opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the volume submitter profit sharing plan document, as designed was in compliance with the applicable requirements of the IRC. The Plan has been amended subsequent to this opinion letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns generally remain open for Federal tax audits for three years from the filing date.

## Note 9. Related Party and Party-In-Interest Transactions

Certain Plan investments are units of participation in common/collective trust funds managed by The Northern Trust Company. The Northern Trust Company is the investment custodian. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments. These fees are paid to the investment fund manager and may include certain revenue sharing fees that are paid to Northern Trust Company or related entities, VOYA, other investment custodians and investment advisors. Additionally, fees may be paid to certain service providers that are considered parties-in-interest under ERISA and these fees are included in administration expense.

The Plan allows for the issuance of notes receivable to participants in accordance with the related regulations.

These transactions qualify as party-in-interest transactions for which there are statutory exemptions.

# Supplemental Schedule

**Knobbe, Martens, Olson & Bear, LLP**
**401(k) Retirement Savings Plan**
**Supplemental Schedule**
**December 31, 2014**
**FEIN: 95-3605138**
**Plan #004**

**Form 5500 Schedule H, Line 4i**
**Schedule of Assets (Held at End of Year)**

| (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 Members/Northern Trust | Stable Asset Return Fund | ** | $ 22,025,299 |
| * | ABA Members/Northern Trust | Real Asset Return Fund | ** | $ 734,637 |
| * | ABA Members/Northern Trust | Bond Index Fund | ** | $ 1,321,797 |
| * | ABA Members/Northern Trust | Alternative Alpha Fund | ** | $ 20,844 |
| * | ABA Members/Northern Trust | Bond Core Plus Fund | ** | $ 5,691,997 |
| * | ABA Members/Northern Trust | Conservative Risk Fund | ** | $ 475,638 |
| * | ABA Members/Northern Trust | Moderate Risk Fund | ** | $ 1,678,325 |
| * | ABA Members/Northern Trust | Aggressive Risk Fund | ** | $ 968,062 |
| * | ABA Members/Northern Trust | Balanced Fund | ** | $ 4,015,558 |
| * | ABA Members/Northern Trust | Large Cap Index Equity Fund | ** | $ 5,358,246 |
| * | ABA Members/Northern Trust | Large Cap Equity Fund | ** | $ 12,647,842 |
| * | ABA Members/Northern Trust | Global All Cap Equity Fund | ** | $ 194,488 |
| * | ABA Members/Northern Trust | All Cap Index Equity Fund | ** | $ 15,070,869 |
| * | ABA Members/Northern Trust | Mid Cap Index Equity Fund | ** | $ 3,826,857 |
| * | ABA Members/Northern Trust | Small Cap Index Equity Fund | ** | $ 2,472,654 |
| * | ABA Members/Northern Trust | Small-Mid Cap Equity Fund | ** | $ 7,200,857 |
| * | ABA Members/Northern Trust | International All Cap Equity Fund | ** | $ 4,272,126 |
| * | ABA Members/Northern Trust | International Index Equity Fund | ** | $ 2,515,276 |
| | TD Ameritrade | Self-Managed Brokerage Accounts | ** | $ 17,794,389 |
| * | ABA Members/Northern Trust | 2010 Retirement Date Fund | ** | $ 471,990 |
| * | ABA Members/Northern Trust | 2020 Retirement Date Fund | ** | $ 1,867,828 |
| * | ABA Members/Northern Trust | 2030 Retirement Date Fund | ** | $ 4,236,206 |
| * | ABA Members/Northern Trust | 2040 Retirement Date Fund | ** | $ 7,076,444 |
| * | ABA Members/Northern Trust | 2050 Retirement Date Fund | ** | $ 738,315 |
| * | ABA Members/Northern Trust | Lifetime Income Retirement Fund | ** | $ 277,403 |
| * | **Participant Loans** | Notes bearing various interest rates | $0 | $ 2,536,476 |

* *Party-in-interest*
** *Historical cost is not required for participant directed investments*

See Independent Auditor's Report
and the accompanying notes to the financial statements

**Knobbe, Martens, Olson & Bear, LLP**
**401(k) Retirement Savings Plan**
**Supplemental Schedule**
**December 31, 2014**
**FEIN: 95-3605138**
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* *Party-in-interest*

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