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
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
SCOTT LOWERY LAW OFFICES P.C.

5680 GREENWOOD PLAZA BLVD STE 500
GREENWOOD VILLAGE, CO 80111

2b Employer Identification Number (EIN)
84-1525127

2c Plan Sponsor's telephone number
720-644-3340

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	TERA KILLIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	TERA KILLIAN
	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)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.
ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number (optional)
800-261-9618

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**	213
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)**	190
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	73
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	93
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	93
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	62
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:
2E 2F 2G 2J 2K 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTT LOWERY LAW OFFICES P.C.

D Employer Identification Number (EIN)
84-1525127

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G36930	62	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
402	0

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

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

LINSCO PRIVATE LEDGER CORP
ATTN COMMISSIONS
9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
281	0	N/A	3

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

NFP INS SERVICES INC
1250 S CAPITAL OF TEXAS HWY
STE 125
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
121	0	N/A	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	159
5	Current value of plan's interest under this contract in separate accounts at year end	5	401783

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	112
c	Additions: (1) Contributions deposited during the year	7c(1)	230		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1		
	(4) Transferred from separate account	7c(4)	93		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	324
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	436
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	222		
	(2) Administration charge made by carrier	7e(2)	55		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	277
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	159

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTT LOWERY LAW OFFICES P.C.

D Employer Identification Number (EIN)
84-1525127

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 66 67 52 59 60 63	NONE	4174	Yes [X] No [ ]	Yes [ ] No [X]	5067	Yes [X] 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
AMERICAN UNITED LIFE INSURANCE CO	66 67	5067

(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.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MGMT INVESTMENT ADVISORS 04-3156901	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST AMERICAN FUNDS 41-2003732	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS CAPITAL GROUP INC 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INVESTMENT MANAGEMENT 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS 22-3468527	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILMINGTON TRUST 51-0099033	REVENUE SHARING FORMULA - SEE ATTACHED

(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
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCOTT LOWERY LAW OFFICES P.C.

D Employer Identification Number (EIN)
84-1525127

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: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

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)
35-0145825-000	P	401783

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTT LOWERY LAW OFFICES P.C.

D Employer Identification Number (EIN)
84-1525127

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	441025	401783
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	112	159
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	441137	401942
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	441137	401942

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)	0	
(B) Participants	2a(1)(B)	92639	
(C) Others (including rollovers)	2a(1)(C)	12944	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		105583
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30610
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		136194
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	167705	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		167705
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	7684	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7684
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		175389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-39195
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: STRATAGEM CPA **(2)** EIN: 27-1239580

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		250000
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
SCOTT LOWERY LAW OFFICES P. C. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOTT LOWERY LAW OFFICES P.C.

D Employer Identification Number (EIN)
84-1525127

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): 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Years Ended December 31, 2014 and 2013
with
Independent Auditors' Report

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Years Ended December 31, 2014 and 2013
with
Independent Auditors' Report

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Administrative Committee and Participants
Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan
Denver, Colorado

Independent Auditors' Report

Report on the Financial Statements

We were engaged to audit the accompany financial statements of Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements and the supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2014.

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 controls 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 are 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by American United Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Lakewood, CO

October 13, 2015

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013
(See Independent Auditors' Report)

Assets	2014	2013
Investments at fair value:		
Fixed interest investment account	$ 159	$ 112
Shares of registered investment companies	401,783	437,512
Total investments available for benefits	401,942	437,624
Receivables:		
Participants' contributions	3,804	5,828
Total assets and net assets available for benefits	$ 405,746	$ 443,452

(See Notes to Financial Statements)

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013
(See Independent Auditors' Report)

	2014	2013
Additions to net assets attributed to:		
Contributions:		
Participants	$ 94,128	$ 102,992
Rollover	12,944	9,945
Employer paid lost earnings	-	2,131
Total contributions	107,072	115,068
Investment income:		
Net realized/unrealized appreciation in fair value of investments and total investment income	30,611	36,109
Total additions	137,683	151,177
Deductions from net assets attributed to:		
Administrative expenses, participants	7,684	3,201
Benefits paid to participants	167,705	69,364
Total deductions	175,389	72,565
Net increase (decrease)	(37,706)	78,612
Net assets available for benefits:		
Beginning of year	443,452	364,840
End of year	$ 405,746	$ 443,452

(See Notes to Financial Statements)

1. Description of Plan

The following description of Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which became effective January 1, 2000 and was restated April 1, 2013, is a defined contribution plan covering all employees of Scott Lowery Law Offices, P.C. ("the Company") who are age 18 or older and have 3 months of service, except for union employees, nonresident aliens, and leased employees. Upon becoming eligible, employees are automatically enrolled into the Plan at a 3% deferral contribution at the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

Contributions

Each year, participants may contribute an amount per pay period of their annual compensation not to exceed certain limits as set forth by the Internal Revenue Code ($17,500 for 2014 and 2013), as defined by the Plan. The Internal Revenue Service adjusts this limitation each year for cost of living increases. Participants may change their contribution percentage throughout the year and may cease making contributions at any time. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants have the option to contribute pre-tax elective deferral contributions or Roth elective deferral contributions into the Plan. Participant contributions are 100% vested upon contribution into the Plan.

The Company may contribute a discretionary matching amount of participant elective contributions, which will be allocated to all participating employees. The Company may also contribute an additional profit sharing contribution as determined by the Company. For the years ended December 31, 2014 and 2013, there were no matching or profit sharing contributions.

Rollover contributions transferred from other qualified retirement plans or from Individual Retirement Accounts are accepted as permitted by the Plan.

Participant accounts

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

1. Description of Plan (continued)

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and profit sharing contributions portion of participant accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in these contributions after five years of service.

Forfeitures

Pursuant to the Plan, forfeitures shall be utilized first to offset expenses, and any amount of forfeitures remaining will be used to reduce future employer contributions. There were no forfeitures used to offset employer contributions for these purposes in 2014 and 2013. There were no non-vested assets forfeited in 2014 and 2013. There was no year-end balance in the forfeitures account as of December 31, 2014 and 2013.

2. Summary of Significant Accounting Policies

Payment of benefits

In the event of termination of services, retirement, disability or death a participant will receive their accumulated contributions made to the plan, the vested portion of the accumulated contributions made by the Company and the investment earnings that have accumulated on those contributions while they were in the plan. Benefits can be rolled into another qualified plan, received in a lump sum or paid in installments over a specific period based on age at retirement. Account balances that are between $1,000 and $5,000 upon termination of employment will be rolled to another qualified plan or paid in a lump sum. Account balances that are less than $1,000 upon termination of employment will be paid in a lump sum.

Benefits are recorded when paid.

Notes receivable from participants

The Plan does not allow for participant loans.

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of 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 changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Investment valuation and income recognition.

The Plan's investments are held in a fixed interest investment account managed by American United Life Insurance Company (AUL) and a number of variable investment options through an AUL separate account. Investments are stated at contract value. The contract value is equal to the value of the accumulation units of that variable investment account that are credited to the participant's account.

Investment in the fixed interest investment account is stated at contract value which has been deemed to be fair value. For this fixed option, the contract value is equal to the principal invested plus interest earned. Fair value is an estimate of the price the security would receive upon selling the security in an orderly, arms length transaction. See Note 4.

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

3. Investments

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $30,611 and $36,109, respectively as follows:

	2014	2013
Fixed interest investment account	$ 1	$ 11
AUL separate account	30,610	36,099
Net appreciation in fair value of investments	$ 30,611	$ 36,109

3. Investments (continued)

The following table presents investments held by the Plan as of December 31, 2014. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified. There are no nonparticipant directed investments for the year ended December 31, 2014.

Fixed interest investment (less than 5% of net assets)	$ 159
AUL separate accounts mutual funds:	
Goldman Sachs Mid Cap Value S	75,505
Goldman Sachs Small Cap Value Svc	58,065
Pioneer Bond A	117,547
T. Rowe Price Equity Income R	109,954
Others (each less than 5% of net assets)	40,713
Total mutual funds	401,783
Total investments available for benefits	$ 401,942

The following table presents investments held by the Plan as of December 31, 2013. Investments that represent 5% or more of the Plan's net assets are separately identified. There are no nonparticipant directed investments for the year ended December 31, 2013.

Fixed interest investment (less than 5% of net assets)	$ 112
AUL separate accounts:	
American Century Real Estate A	50,573
Goldman Sachs Mid Cap Value S	121,064
Goldman Sachs Small Cap Value Svc	90,299
PIMCO Total Return R	137,869
Others (each less than 5% of net assets)	37,708
Total mutual funds	437,512
Total investments available for benefits	$ 437,624

3. Investments (continued)

Investment options

Upon enrollment in the Plan, a participant may direct employee contributions to any of the investment options summarized as follows:

Fixed Interest Investment Account – Funds allocated to the Fixed Option are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. The objective of that investment policy is to maximize long-term, risk-adjusted returns. AUL's general account assets are predominately fixed-income investments (bonds, mortgages, and private placements).

American Century Ginnie Mae A Fund – The objective of this fund is maximum total return. It invests mainly in Government National Mortgage Association (GNMA) certificates.

American Funds New Perspective R3 Fund – The objective of this fund is long-term capital growth. It invests mainly in stocks that are believed to have large growth potential.

BlackRock LifePath Index Retirement CL 95 – The fund seeks to maximize total return consistent with the quantitatively measured risk that investors planning to retire now or in the near future may be willing to accept.

BlackRock LifePath 2020, 2025, 2030, 2035, 2040, 2045, 2050 Funds – The objective of these funds is to provide for retirement outcomes based on quantitatively measured risk based on targeted retirement date. They invest mainly in a combination of equity, bond, and money market funds.

Goldman Sachs Mid Cap Value S Fund – The objective of this fund is long-term capital appreciation. It invests mainly in a diversified portfolio of equity investments within the range of the market capitalization of companies comprising the Russell Midcap A Value Index.

Goldman Sachs Small Cap Value Svc Fund – The objective of this fund is long-term capital growth. It invests mainly in a broadly diversified portfolio of equity investments in small-capitalization U.S. issuers.

Invesco Small Cap Growth R Fund – The objective of this fund is long-term capital growth. It invests in securities of small-capitalization issuers.

Janus Balanced R Fund – The objective of this fund is long-term capital growth. It invests mainly in equity and fixed-income securities as well as cash equivalents.

MFS Massachusetts Growth Stock R2 Fund – The objective of this fund is capital appreciation. It invests mainly in common stocks, preferred stocks, securities convertible into stocks, and depository receipts for such securities.

3. Investments (continued)

Investment options (continued)

Nuveen Mid Cap Growth Opportunities R3 Fund – The objective of this fund is capital appreciation. It invests mainly in common stocks of mid-capitalization companies.

Pioneer Bond A Fund – The objective of this fund is current income. It invests mainly in debt securities issued or guaranteed by the U.S. government.

Prudential Jennison Mid Cap Growth A Fund – The object of this fund is long-term capital appreciation. It invests mainly in equity securities of mid-capitalization companies with the potential for above-average growth.

SSgA International Index I Fund – The objective of this fund is capital appreciation. It invests mainly in stocks of foreign companies which are located outside the U.S.

SSgA S&P Mid Cap 400 Index I Fund – The objective of this fund is investment results that correspond to the investment performance of the S&P Mid-Cap 400 Index. It invests mainly in the 400 common stocks included in the S&P Mid-Cap 400 Index and seeks to replicate the weightings of such stocks in the Index.

T. Rowe Price Equity Income R Fund – The objective of this fund is to achieve a high level of dividend income and long-term capital growth. It invests mainly in large-capitalization stocks.

4. Fair Value Measurements

The Plan has adopted Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") Topic 820, Fair Value Measurements and Disclosures. FASB ASC Topic 820 establishes a single authoritative definition of fair value and sets a hierarchy for measuring fair value. The adoption of FASB ASC Topic 820 has no impact on the Plan's accounting policies for investments, but requires additional disclosures about fair value measurement. The hierarchy for measuring fair value prioritizes the inputs to valuation techniques used to measure fair value and gives the highest priority to unadjusted quoted prices for securities traded in active markets (level 1) and the lowest priority to unobservable inputs (level 3). 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.

The hierarchies for measuring fair value under FASB ASC Topic 820 are as follows:

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

4. Fair Value Measurements (continued)

Level 2 – Inputs to the valuation methodology include a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) 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.

As required by FASB ASC Topic 820, the Plan's portfolio investments as of December 31, 2014 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

Description	Level 1	Level 2	Level 3	Total
Fixed interest investment account	$ -	$ 159	$ -	$ 159
Mutual funds	-	401,783	-	401,783
		-	-	
	$ -	$ 401,942	$ -	$ 401,942

As required by FASB ASC Topic 820, the Plan's portfolio investments as of December 31, 2013 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

Description	Level 1	Level 2	Level 3	Total
Fixed interest investment account	$ -	$ 112	$ -	$ 112
Mutual funds	-	437,512	-	437,512
	$ -	$ 437,624	$ -	$ 437,624

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

Fixed interest investment account – Valued at contract value, which is equal to the principal invested plus interest earned. Inputs include amounts contributed or transferred to the fixed investment account less any withdrawals or transfers out, plus all accrued interest.

4. Fair Value Measurements (continued)

AUL separate accounts mutual funds – Amounts allocated to a variable investment account within an AUL separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the Contract. The value of each accumulation unit is published each business day. Each investment account is invested by AUL exclusively in shares of a specific mutual fund or other investment entities as directed by the contract holder and/or the participant.

5. Investment Contract with Insurance Company

The Plan entered into a fully benefit responsive investment contract with American United Life Insurance Company. The contract offers a fixed interest investment option, the AUL Fixed Interest Investment Account, and a number of mutual fund investment options held by American United Life Insurance Company in pooled separate accounts. Participants investing in the pooled separate accounts can select the investment options that reflect their individual investment style and risk tolerance.

Because the investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. For the years ended December 31, 2014 and 2013, contract value approximates fair value and accordingly, no adjustment from contract value to fair value is presented on the statement of net assets available for benefits. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses and most participant transactions are executed at contract value.

Certain events may limit the ability of the Plan to transact at contract value with American United Life Insurance Company such as partial or total termination of the Plan. Were these events to occur, a market value adjustment and other fees may apply. Management has determined that these events are not probable to occur as of December 31, 2014 and 2013.

The contract may be terminated by either party for reasonable cause with thirty-one days written notice.

Contributions allocated to the Fixed Interest Investment Account earn interest at the higher of the rate guaranteed under the contract or the current rate established and declared in advance by American United Life Insurance Company. Interest rates for new contributions are declared prior to the beginning of a calendar quarter until the end of the calendar year next following the current year. The average yield earned by the Plan for the year ended December 31, 2014 was 1.1%.

6. Tax Status

Compliance

The Internal Revenue Service has determined and informed Scott Lowery Law Offices, P.C. through Retirement Planning Services, a volume plan submitter, by a letter dated January 31, 2006 that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Employee contributions to the Plan are made from pre-tax elective deferral contributions, as permitted by §401(k) of the Internal Revenue Code, and Roth elective deferral contributions, which reflect after-tax dollars. Pre-tax earnings deferrals are subject to federal income taxes when distributed to participants. After-tax earnings deferred into a Roth 401(k) account are not subject to federal income taxes when distributed to participants. Earnings from the Plan's investments are not taxable to the participants until partial or complete distribution of such earnings is made. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Uncertain tax positions

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 any uncertain tax positions that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

7. Reconciliation of Financial Statement to Form 5500

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

	2014	2013
Net assets available for benefits per Form 5500	$ 401,942	$ 437,624
December contribution received in January	3,804	3,697
Employer paid lost earnings	-	2,131
Net assets available for benefits per the financial statements	$ 405,746	$ 443,452

8. Plan Termination

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

9. Information Prepared and Certified by Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest, dividends, administrative expenses, benefits paid to participants and other expenses for the year ended December 31, 2014 and 2013, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by American United Life Insurance Company.

10. Risks and Uncertainties

The Plan is required by FASB ASC Topic 825, Financial Instruments to disclose significant concentrations of credit risk regardless of the degree of such risk. At December 31, 2014 and 2013, the financial instruments that potentially subject the Plan to a concentration of credit risk consist principally of the investments.

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks such as interest rates, credit and overall market volatility risk. Due to the level of risk associated with investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount presented in the statements of net assets available for benefits.

11. Party-In-Interest and Related Party Transactions

Certain Plan investments are shares of mutual funds managed by American United Life Insurance Company, the asset custodian of the Plan as of December 31, 2014 and 2013. These transactions qualify as exempt party-in-interest transactions.

12. Prohibited Transactions – Participant Contributions

During the Plan year ended December 31, 2013, the Company was delinquent in remitting to the Trustee certain employee contributions totaling $22,666 within the time period set forth in the Department of Labor's (DOL) plan asset regulations. Upon payment, participants are credited with the amount of investment gain that would have been earned had the participant contributions been remitted on a timely basis. These payments, which totaled $2,131, were made during the year ended December 31, 2014.

13. Subsequent Events

Subsequent events have been evaluated by management as of the date of these financial statements. This date represents the date the financial statements were available to be issued.

Accompanying Supplemental Information
(See Independent Auditors' Report)

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014
(See Independent Auditors' Report)

EIN: 84-1525127
Plan Number: 001

(a)	(b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value	
*	One America	Fixed interest investment account	$ (1)	$ 159	
	American Century Investments	American Century Ginnie Mae A	(1)	265	
	American Funds	American Funds New Perspective R3	(1)	24	
	BlackRock	BlackRock LifePath Index Retirement CL 95	(1)	24	
	BlackRock	BlackRock LifePath Index 2020	(1)	24	
	BlackRock	BlackRock LifePath Index 2025	(1)	24	
	BlackRock	BlackRock LifePath Index 2030	(1)	24	
	BlackRock	BlackRock LifePath Index 2035	(1)	16,527	
	BlackRock	BlackRock LifePath Index 2040	(1)	24	
	BlackRock	BlackRock LifePath Index 2045	(1)	24	
	BlackRock	BlackRock LifePath Index 2050	(1)	24	
	Goldman Sachs	Goldman Sachs Mid Cap Value S	(1)	75,505	#
	Goldman Sachs	Goldman Sachs Small Cap Value Svc	(1)	58,065	#
	Invesco Ltd.	Invesco Small Cap Growth R	(1)	8,754	
	Janus Capital Group	Janus Balanced R	(1)	24	
	MFS Mutual Funds	Massachusetts Investors Growth Stock R2	(1)	24	
	Nuveen Investments	Nuveen Mid Cap Growth Ops R3	(1)	14,676	
	Pioneer Investments	Pioneer Bond A	(1)	117,547	#
	Prudential Financial	Prudential Jennison Mid Cap Growth A	(1)	204	
	State Street Global Advisors	SSgA International Index 1	(1)	24	
	State Street Global Advisors	SSgA S&P Mid Cap 400 Index A	(1)	24	
	T. Rowe Price	T. Rowe Price Equity Income R	(1)	109,954	#
	Total Assets Held for Investment		$ -	$ 401,942	

* A party-in-interest as defined by ERISA
(1) The cost of participant-directed investments is not required to be disclosed
\# Represents 5% or more of total Plan assets

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Schedule H, line 4a – Schedule of Delinquent Participant Contributions
December 31, 2014
(See Independent Auditors' Report)

EIN: 84-1525127
Plan Number: 001

Total that Constitutes Non-exempt Prohibited Transactions
December 31, 2013

Participant Contributions Transferred Late to Plan	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 22,666	$	$ 22,666	$	$ -

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Years Ended December 31, 2014 and 2013
with
Independent Auditors' Report

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Years Ended December 31, 2014 and 2013
with
Independent Auditors' Report

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Administrative Committee and Participants
Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan
Denver, Colorado

Independent Auditors' Report

Report on the Financial Statements

We were engaged to audit the accompany financial statements of Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements and the supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2014.

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 controls 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 are 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by American United Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Lakewood, CO

October 13, 2015

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013
(See Independent Auditors' Report)

Assets	2014	2013
Investments at fair value:		
Fixed interest investment account	$ 159	$ 112
Shares of registered investment companies	401,783	437,512
Total investments available for benefits	401,942	437,624
Receivables:		
Participants' contributions	3,804	5,828
Total assets and net assets available for benefits	$ 405,746	$ 443,452

(See Notes to Financial Statements)

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013
(See Independent Auditors' Report)

	2014	2013
Additions to net assets attributed to:		
Contributions:		
Participants	$ 94,128	$ 102,992
Rollover	12,944	9,945
Employer paid lost earnings	-	2,131
Total contributions	107,072	115,068
Investment income:		
Net realized/unrealized appreciation in fair value of investments and total investment income	30,611	36,109
Total additions	137,683	151,177
Deductions from net assets attributed to:		
Administrative expenses, participants	7,684	3,201
Benefits paid to participants	167,705	69,364
Total deductions	175,389	72,565
Net increase (decrease)	(37,706)	78,612
Net assets available for benefits:		
Beginning of year	443,452	364,840
End of year	$ 405,746	$ 443,452

(See Notes to Financial Statements)

1. Description of Plan

The following description of Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which became effective January 1, 2000 and was restated April 1, 2013, is a defined contribution plan covering all employees of Scott Lowery Law Offices, P.C. ("the Company") who are age 18 or older and have 3 months of service, except for union employees, nonresident aliens, and leased employees. Upon becoming eligible, employees are automatically enrolled into the Plan at a 3% deferral contribution at the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

Contributions

Each year, participants may contribute an amount per pay period of their annual compensation not to exceed certain limits as set forth by the Internal Revenue Code ($17,500 for 2014 and 2013), as defined by the Plan. The Internal Revenue Service adjusts this limitation each year for cost of living increases. Participants may change their contribution percentage throughout the year and may cease making contributions at any time. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants have the option to contribute pre-tax elective deferral contributions or Roth elective deferral contributions into the Plan. Participant contributions are 100% vested upon contribution into the Plan.

The Company may contribute a discretionary matching amount of participant elective contributions, which will be allocated to all participating employees. The Company may also contribute an additional profit sharing contribution as determined by the Company. For the years ended December 31, 2014 and 2013, there were no matching or profit sharing contributions.

Rollover contributions transferred from other qualified retirement plans or from Individual Retirement Accounts are accepted as permitted by the Plan.

Participant accounts

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

1. Description of Plan (continued)

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and profit sharing contributions portion of participant accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in these contributions after five years of service.

Forfeitures

Pursuant to the Plan, forfeitures shall be utilized first to offset expenses, and any amount of forfeitures remaining will be used to reduce future employer contributions. There were no forfeitures used to offset employer contributions for these purposes in 2014 and 2013. There were no non-vested assets forfeited in 2014 and 2013. There was no year-end balance in the forfeitures account as of December 31, 2014 and 2013.

2. Summary of Significant Accounting Policies

Payment of benefits

In the event of termination of services, retirement, disability or death a participant will receive their accumulated contributions made to the plan, the vested portion of the accumulated contributions made by the Company and the investment earnings that have accumulated on those contributions while they were in the plan. Benefits can be rolled into another qualified plan, received in a lump sum or paid in installments over a specific period based on age at retirement. Account balances that are between $1,000 and $5,000 upon termination of employment will be rolled to another qualified plan or paid in a lump sum. Account balances that are less than $1,000 upon termination of employment will be paid in a lump sum.

Benefits are recorded when paid.

Notes receivable from participants

The Plan does not allow for participant loans.

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of 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 changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Investment valuation and income recognition.

The Plan's investments are held in a fixed interest investment account managed by American United Life Insurance Company (AUL) and a number of variable investment options through an AUL separate account. Investments are stated at contract value. The contract value is equal to the value of the accumulation units of that variable investment account that are credited to the participant's account.

Investment in the fixed interest investment account is stated at contract value which has been deemed to be fair value. For this fixed option, the contract value is equal to the principal invested plus interest earned. Fair value is an estimate of the price the security would receive upon selling the security in an orderly, arms length transaction. See Note 4.

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

3. Investments

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $30,611 and $36,109, respectively as follows:

	2014	2013
Fixed interest investment account	$ 1	$ 11
AUL separate account	30,610	36,099
Net appreciation in fair value of investments	$ 30,611	$ 36,109

3. Investments (continued)

The following table presents investments held by the Plan as of December 31, 2014. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified. There are no nonparticipant directed investments for the year ended December 31, 2014.

Fixed interest investment (less than 5% of net assets)	$ 159
AUL separate accounts mutual funds:	
Goldman Sachs Mid Cap Value S	75,505
Goldman Sachs Small Cap Value Svc	58,065
Pioneer Bond A	117,547
T. Rowe Price Equity Income R	109,954
Others (each less than 5% of net assets)	40,713
Total mutual funds	401,783
Total investments available for benefits	$ 401,942

The following table presents investments held by the Plan as of December 31, 2013. Investments that represent 5% or more of the Plan's net assets are separately identified. There are no nonparticipant directed investments for the year ended December 31, 2013.

Fixed interest investment (less than 5% of net assets)	$ 112
AUL separate accounts:	
American Century Real Estate A	50,573
Goldman Sachs Mid Cap Value S	121,064
Goldman Sachs Small Cap Value Svc	90,299
PIMCO Total Return R	137,869
Others (each less than 5% of net assets)	37,708
Total mutual funds	437,512
Total investments available for benefits	$ 437,624

3. Investments (continued)

Investment options

Upon enrollment in the Plan, a participant may direct employee contributions to any of the investment options summarized as follows:

Fixed Interest Investment Account – Funds allocated to the Fixed Option are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. The objective of that investment policy is to maximize long-term, risk-adjusted returns. AUL's general account assets are predominately fixed-income investments (bonds, mortgages, and private placements).

American Century Ginnie Mae A Fund – The objective of this fund is maximum total return. It invests mainly in Government National Mortgage Association (GNMA) certificates.

American Funds New Perspective R3 Fund – The objective of this fund is long-term capital growth. It invests mainly in stocks that are believed to have large growth potential.

BlackRock LifePath Index Retirement CL 95 – The fund seeks to maximize total return consistent with the quantitatively measured risk that investors planning to retire now or in the near future may be willing to accept.

BlackRock LifePath 2020, 2025, 2030, 2035, 2040, 2045, 2050 Funds – The objective of these funds is to provide for retirement outcomes based on quantitatively measured risk based on targeted retirement date. They invest mainly in a combination of equity, bond, and money market funds.

Goldman Sachs Mid Cap Value S Fund – The objective of this fund is long-term capital appreciation. It invests mainly in a diversified portfolio of equity investments within the range of the market capitalization of companies comprising the Russell Midcap A Value Index.

Goldman Sachs Small Cap Value Svc Fund – The objective of this fund is long-term capital growth. It invests mainly in a broadly diversified portfolio of equity investments in small-capitalization U.S. issuers.

Invesco Small Cap Growth R Fund – The objective of this fund is long-term capital growth. It invests in securities of small-capitalization issuers.

Janus Balanced R Fund – The objective of this fund is long-term capital growth. It invests mainly in equity and fixed-income securities as well as cash equivalents.

MFS Massachusetts Growth Stock R2 Fund – The objective of this fund is capital appreciation. It invests mainly in common stocks, preferred stocks, securities convertible into stocks, and depository receipts for such securities.

3. Investments (continued)

Investment options (continued)

Nuveen Mid Cap Growth Opportunities R3 Fund – The objective of this fund is capital appreciation. It invests mainly in common stocks of mid-capitalization companies.

Pioneer Bond A Fund – The objective of this fund is current income. It invests mainly in debt securities issued or guaranteed by the U.S. government.

Prudential Jennison Mid Cap Growth A Fund – The object of this fund is long-term capital appreciation. It invests mainly in equity securities of mid-capitalization companies with the potential for above-average growth.

SSgA International Index I Fund – The objective of this fund is capital appreciation. It invests mainly in stocks of foreign companies which are located outside the U.S.

SSgA S&P Mid Cap 400 Index I Fund – The objective of this fund is investment results that correspond to the investment performance of the S&P Mid-Cap 400 Index. It invests mainly in the 400 common stocks included in the S&P Mid-Cap 400 Index and seeks to replicate the weightings of such stocks in the Index.

T. Rowe Price Equity Income R Fund – The objective of this fund is to achieve a high level of dividend income and long-term capital growth. It invests mainly in large-capitalization stocks.

4. Fair Value Measurements

The Plan has adopted Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") Topic 820, Fair Value Measurements and Disclosures. FASB ASC Topic 820 establishes a single authoritative definition of fair value and sets a hierarchy for measuring fair value. The adoption of FASB ASC Topic 820 has no impact on the Plan's accounting policies for investments, but requires additional disclosures about fair value measurement. The hierarchy for measuring fair value prioritizes the inputs to valuation techniques used to measure fair value and gives the highest priority to unadjusted quoted prices for securities traded in active markets (level 1) and the lowest priority to unobservable inputs (level 3). 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.

The hierarchies for measuring fair value under FASB ASC Topic 820 are as follows:

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

4. Fair Value Measurements (continued)

Level 2 – Inputs to the valuation methodology include a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) 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.

As required by FASB ASC Topic 820, the Plan's portfolio investments as of December 31, 2014 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

Description	Level 1	Level 2	Level 3	Total
Fixed interest investment account	$ -	$ 159	$ -	$ 159
Mutual funds	-	401,783	-	401,783
		-	-	
	$ -	$ 401,942	$ -	$ 401,942

As required by FASB ASC Topic 820, the Plan's portfolio investments as of December 31, 2013 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

Description	Level 1	Level 2	Level 3	Total
Fixed interest investment account	$ -	$ 112	$ -	$ 112
Mutual funds	-	437,512	-	437,512
	$ -	$ 437,624	$ -	$ 437,624

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

Fixed interest investment account – Valued at contract value, which is equal to the principal invested plus interest earned. Inputs include amounts contributed or transferred to the fixed investment account less any withdrawals or transfers out, plus all accrued interest.

4. Fair Value Measurements (continued)

AUL separate accounts mutual funds – Amounts allocated to a variable investment account within an AUL separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the Contract. The value of each accumulation unit is published each business day. Each investment account is invested by AUL exclusively in shares of a specific mutual fund or other investment entities as directed by the contract holder and/or the participant.

5. Investment Contract with Insurance Company

The Plan entered into a fully benefit responsive investment contract with American United Life Insurance Company. The contract offers a fixed interest investment option, the AUL Fixed Interest Investment Account, and a number of mutual fund investment options held by American United Life Insurance Company in pooled separate accounts. Participants investing in the pooled separate accounts can select the investment options that reflect their individual investment style and risk tolerance.

Because the investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. For the years ended December 31, 2014 and 2013, contract value approximates fair value and accordingly, no adjustment from contract value to fair value is presented on the statement of net assets available for benefits. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses and most participant transactions are executed at contract value.

Certain events may limit the ability of the Plan to transact at contract value with American United Life Insurance Company such as partial or total termination of the Plan. Were these events to occur, a market value adjustment and other fees may apply. Management has determined that these events are not probable to occur as of December 31, 2014 and 2013.

The contract may be terminated by either party for reasonable cause with thirty-one days written notice.

Contributions allocated to the Fixed Interest Investment Account earn interest at the higher of the rate guaranteed under the contract or the current rate established and declared in advance by American United Life Insurance Company. Interest rates for new contributions are declared prior to the beginning of a calendar quarter until the end of the calendar year next following the current year. The average yield earned by the Plan for the year ended December 31, 2014 was 1.1%.

6. Tax Status

Compliance

The Internal Revenue Service has determined and informed Scott Lowery Law Offices, P.C. through Retirement Planning Services, a volume plan submitter, by a letter dated January 31, 2006 that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Employee contributions to the Plan are made from pre-tax elective deferral contributions, as permitted by §401(k) of the Internal Revenue Code, and Roth elective deferral contributions, which reflect after-tax dollars. Pre-tax earnings deferrals are subject to federal income taxes when distributed to participants. After-tax earnings deferred into a Roth 401(k) account are not subject to federal income taxes when distributed to participants. Earnings from the Plan's investments are not taxable to the participants until partial or complete distribution of such earnings is made. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Uncertain tax positions

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 any uncertain tax positions that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

7. Reconciliation of Financial Statement to Form 5500

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

	2014	2013
Net assets available for benefits per Form 5500	$ 401,942	$ 437,624
December contribution received in January	3,804	3,697
Employer paid lost earnings	-	2,131
Net assets available for benefits per the financial statements	$ 405,746	$ 443,452

8. Plan Termination

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

9. Information Prepared and Certified by Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest, dividends, administrative expenses, benefits paid to participants and other expenses for the year ended December 31, 2014 and 2013, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by American United Life Insurance Company.

10. Risks and Uncertainties

The Plan is required by FASB ASC Topic 825, Financial Instruments to disclose significant concentrations of credit risk regardless of the degree of such risk. At December 31, 2014 and 2013, the financial instruments that potentially subject the Plan to a concentration of credit risk consist principally of the investments.

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks such as interest rates, credit and overall market volatility risk. Due to the level of risk associated with investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount presented in the statements of net assets available for benefits.

11. Party-In-Interest and Related Party Transactions

Certain Plan investments are shares of mutual funds managed by American United Life Insurance Company, the asset custodian of the Plan as of December 31, 2014 and 2013. These transactions qualify as exempt party-in-interest transactions.

12. Prohibited Transactions – Participant Contributions

During the Plan year ended December 31, 2013, the Company was delinquent in remitting to the Trustee certain employee contributions totaling $22,666 within the time period set forth in the Department of Labor's (DOL) plan asset regulations. Upon payment, participants are credited with the amount of investment gain that would have been earned had the participant contributions been remitted on a timely basis. These payments, which totaled $2,131, were made during the year ended December 31, 2014.

13. Subsequent Events

Subsequent events have been evaluated by management as of the date of these financial statements. This date represents the date the financial statements were available to be issued.

Accompanying Supplemental Information
(See Independent Auditors' Report)

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014
(See Independent Auditors' Report)

EIN: 84-1525127
Plan Number: 001

(a)	(b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value	
*	One America	Fixed interest investment account	$ (1)	$ 159	
	American Century Investments	American Century Ginnie Mae A	(1)	265	
	American Funds	American Funds New Perspective R3	(1)	24	
	BlackRock	BlackRock LifePath Index Retirement CL 95	(1)	24	
	BlackRock	BlackRock LifePath Index 2020	(1)	24	
	BlackRock	BlackRock LifePath Index 2025	(1)	24	
	BlackRock	BlackRock LifePath Index 2030	(1)	24	
	BlackRock	BlackRock LifePath Index 2035	(1)	16,527	
	BlackRock	BlackRock LifePath Index 2040	(1)	24	
	BlackRock	BlackRock LifePath Index 2045	(1)	24	
	BlackRock	BlackRock LifePath Index 2050	(1)	24	
	Goldman Sachs	Goldman Sachs Mid Cap Value S	(1)	75,505	#
	Goldman Sachs	Goldman Sachs Small Cap Value Svc	(1)	58,065	#
	Invesco Ltd.	Invesco Small Cap Growth R	(1)	8,754	
	Janus Capital Group	Janus Balanced R	(1)	24	
	MFS Mutual Funds	Massachusetts Investors Growth Stock R2	(1)	24	
	Nuveen Investments	Nuveen Mid Cap Growth Ops R3	(1)	14,676	
	Pioneer Investments	Pioneer Bond A	(1)	117,547	#
	Prudential Financial	Prudential Jennison Mid Cap Growth A	(1)	204	
	State Street Global Advisors	SSgA International Index 1	(1)	24	
	State Street Global Advisors	SSgA S&P Mid Cap 400 Index A	(1)	24	
	T. Rowe Price	T. Rowe Price Equity Income R	(1)	109,954	#
	Total Assets Held for Investment		$ -	$ 401,942	

* A party-in-interest as defined by ERISA
(1) The cost of participant-directed investments is not required to be disclosed
\# Represents 5% or more of total Plan assets

Scott Lowery Law Offices, P.C. 401(k) Profit Sharing Plan

Schedule H, line 4a – Schedule of Delinquent Participant Contributions
December 31, 2014
(See Independent Auditors' Report)

EIN: 84-1525127
Plan Number: 001

Total that Constitutes Non-exempt Prohibited Transactions
December 31, 2013

Participant Contributions Transferred Late to Plan	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 22,666	$	$ 22,666	$	$ -

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

Plan Name SCOTT LOWERY LAW OFFICES P.C. 401K PLAN **EIN:** 84-1525127
Plan Sponsor's Name SCOTT LOWERY LAW OFFICES P.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN CENTURY INVESTMENTS	AMERCENT GINNIE MAE A MUTUAL FUND SHARES	0	265
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3 MUTUAL FUND SHARES	0	24
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	159
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX RET CL95 MUTUAL FUND SHARES	0	24
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2020 CL95 MUTUAL FUND SHARES	0	24
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2025 CL95 MUTUAL FUND SHARES	0	24
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2030 CL95 MUTUAL FUND SHARES	0	24

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2035 CL95 MUTUAL FUND SHARES	0	16,527
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2040 CL95 MUTUAL FUND SHARES	0	24
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2045 CL95 MUTUAL FUND SHARES	0	24
	WILMINGTON TRUST	BLACKRCK LIFEPTH IDX 2050 CL95 MUTUAL FUND SHARES	0	24
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL S MUTUAL FUND SHARES	0	75,505
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	58,065
	INVESCO	INVESCO SMCAP GRTH R MUTUAL FUND SHARES	0	8,754

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

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	JANUS CAPITAL GROUP INC	JANUS BALANCED R MUTUAL FUND SHARES	0	24
	MFS INVESTMENT MANAGEMENT	MFS MASS INVS GRTH STK R2 MUTUAL FUND SHARES	0	24
	FIRST AMERICAN FUNDS	NUVEEN MIDCAP GRTH OPS R3 MUTUAL FUND SHARES	0	14,676
	PIONEER INVESTMENTS	PIONEER BOND A MUTUAL FUND SHARES	0	117,547
	PRUDENTIAL INVESTMENTS	PRUDENTIAL JENN MIDCAP GRTH A MUTUAL FUND SHARES	0	204
	STATE STREET GLOBAL ADVISORS	SSGA INTL INDX I MUTUAL FUND SHARES	0	24
	STATE STREET GLOBAL ADVISORS	SSGA S&P MIDCAP 400 INDX A MUTUAL FUND SHARES	0	24

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

Plan Name _____ **EIN:** _____

Plan Sponsor's Name _____ **PN:** _____

(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
	T ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	109,954