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
LASERFICHE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
LASERFICHE/COMPULINK MANAGEMENT CENTER, INC.

3545 LONG BEACH BLVD
SUITE 110
LONG BEACH, CA 90807

2b Employer Identification Number (EIN)
95-3010597

2c Plan Sponsor's telephone number
562-988-1688

2d Business code (see instructions)
511210

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.	10/15/2015	HANK EISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	230
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)**	182
a(2) Total number of active participants at the end of the plan year	**6a(2)**	194
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	52
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	246
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	218
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

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

A Name of plan
LASERFICHE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LASERFICHE/COMPULINK MANAGEMENT CENTER, INC.

D Employer Identification Number (EIN)
95-3010597

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	725	Yes [X] No [ ]	Yes [X] No [ ]	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ALZGI NFJ DIV VL ADM - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COL VALUE & RSTRG Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
KEELEY SMALL CAP VAL - US BANCORP 39-0281260	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ROYCE VALUE PLUS SER - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.45%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
TMPL GLOBAL BOND A - FRANKLIN TEMP 94-3167260	0.40%

(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

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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 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
LASERFICHE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LASERFICHE/COMPULINK MANAGEMENT CENTER, INC.

D Employer Identification Number (EIN)
95-3010597

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)	1129004	1010763
(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)	239832	205716
(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)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15275747	18545797
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	16644583	19762276
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	16644583	19762276

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)	1249998	
(B) Participants	2a(1)(B)	1631298	
(C) Others (including rollovers)	2a(1)(C)	30563	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2911859
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	101	
(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)	9528	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9629
(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)	1091348	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1091348
(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)		271942
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4284778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1166273	
(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)		1166273
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)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	812	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		812
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1167085
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3117693
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BEACH FREEMAN LIM & CLELAND, LLP (2) EIN: 56-2306396

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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
LASERFICHE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LASERFICHE/COMPULINK MANAGEMENT CENTER, INC.

D Employer Identification Number (EIN)
95-3010597

Part I Distributions

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

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

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

EIN(s): 04-6568107

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):

Compulink Management Center, Inc.
Year 2014

			COST				*ACC. DEPRECIATION*					
Description	Date acq.	Bal YE 2013	Addition	Deletion	Bal YE 2014	Bal YE 2013	Add. dep.	Deletion	Bal YE 2014	NBV	Yr remain	
Auto												
Honda Odyssey	11/1/2000	27,944			27,944	-27,944	0		-27,944	0		Company
Toyota Tacoma	8/31/2001	14,696			14,696	-14,696	0		-14,696	0		Sony
2004 Honda Pilot	12/29/2003	33,729			33,729	-33,729			-33,729	0		Evan Anderson
2004 Honda Pilot	9/14/2004	34,221			34,221	-34,221			-34,221	0		Tom Wayman
2008 Honda	7/15/2008	34,262			34,262	-34,262	0		-34,262	0		Tom Wayman
2003 Mercedes (NL)	5/11/2011	42,885			42,885	-23,587	-9649		-33,236	9,649	1	Nien-Ling
2011 Honda (B.LaPointe)	7/26/2011	38,761			38,761	-21,318	-8721		-30,039	8,722	1	Andrew Brown
2012 Nissan Cargo	10/5/2011	28,440			28,440	-15,642	-6399		-22,041	6,399	1	Accuflex
2009 Scion	1/1/2012	13,208			13,208	-5,284	-2642		-7,926	5,282	2	Company
2014 Honda Odyssey	10/17/2013	32,626			32,626	-3,263	-7341		-10,604	22,022	3	Karl Chan
2014 Jeep	5/20/2014		36,218		36,218	0	-3622		-3,622	32,596		
2014 Honda	6/13/2014		37,458		37,458	0	-3746		-3,746	33,712		
2014 Honda	8/14/2014		37,458		37,458	0	-3746		-3,746	33,712		
Total		**300,772**	**111,134**	**0**	**411,906**	**-213,946**	**-45,865**	**0**	**-259,811**	**152,095**		
Leasehold imp.												
Leasehold imp.	12/31/2001	3,366			3,366	-3,366			-3,366	0		
Leasehold imp.	Jan-Dec 2002	93,258			93,258	-93,258			-93,258	0		
Leasehold imp.	Jan-Dec 2003	19,046			19,046	-19,046	0		-19,046	0		
Leasehold imp.	Jan-Dec 2007	29,816			29,816	-20,874	-2,982		-23,856	5,960	2	
Leasehold imp.	Jan-Dec 2008	69,932			69,932	-41,958	-6,993		-48,951	20,981	3	
Leasehold imp.	Jan-Dec 2009	86,765			86,765	-43,385	-8,677		-52,062	34,703	4	
Leasehold imp.	Jan-Dec 2011	7,002			7,002	-2,100	-700		-2,800	4,202	6	
Leasehold imp.	Jan-Dec 2012	152,686			152,686	-30,538	-15,269		-45,807	106,879	7	
Leasehold imp.	Jan-Dec 2013	177,914			177,914	-17,791	-17,791		-35,582	142,332	8	
Leasehold imp.	Jan-Dec 2014		133,608		133,608	0	-13,361		-13,361	120,247		
Total		**639,785**	**133,608**	**0**	**773,393**	**-272,316**	**-65,773**	**0**	**-338,089**	**435,304**		
Software												
Software	2005	13,677			13,677	-13,677			-13,677	0		
Software	2006	15,324			15,324	-15,324	0		-15,324	0		
Software	2007	28,829			28,829	-28,829	0		-28,829	0		
Software	2008	111,476			111,476	-111,476	0		-111,476	0		
Software	2009	112,351			112,351	-112,351	0		-112,351	0		
Software	2010	75,623			75,623	-58,607	-17,016		-75,623	0	0	
Software	2011	51,190			51,190	-28,155	-11,518		-39,673	11,517	1	
Software	2012	82,978			82,978	-26,968	-18,670		-45,638	37,340	2	
Software	2013	95,707			95,707	-9,570	-21,534		-31,104	64,603	3	
Software	2014		156,898		156,898	0	-15,690		-15,690	141,208		
Total		**587,155**	**156,898**	**0**	**744,053**	**-404,957**	**-84,428**	**0**	**-489,385**	**254,668**		
Computer												

Computer equipment	2005	118,729			118,729	-118,729			-118,729	0	
Computer equipment	2006	45,454			45,454	-45,454	0		-45,454	0	
Computer equipment	2007	500,952			500,952	-500,952	0		-500,952	0	
Computer equipment	2008	208,226			208,226	-208,226	0		-208,226	0	
Computer equipment	2009	244,980			244,980	-244,980	0		-244,980	0	
Computer equipment	2010	75,640			75,640	-58,621	-17,019		-75,640	0	0
Computer equipment	2011	45,584			45,584	-25,072	-10,257		-35,329	10,255	1
Computer equipment	2012	286,678			286,678	-93,170	-64,502		-157,672	129,006	2
Computer equipment	2013	171,584			171,584	-17,158	-38,607		-55,765	115,820	3
Computer equipment	2014		180,159		180,159	0	-18,016		-18,016	162,143	
Total		**1,697,827**	**180,159**	**0**	**1,877,986**	**-1,312,362**	**-148,400**	**0**	**-1,460,762**	**417,224**	
Equipment											
Office equipment	2005	23,692			23,692	-23,692			-23,692	0	
24" LCD TV Screen	7/20/2006	2,413			2,413	-2,413			-2,413	0	
Equipment	Jan-Dec 2008	334,357			334,357	-334,357	0		-334,357	0	
Equipment	Jan-Dec 2009	18,715			18,715	-18,715	0		-18,715	0	
Machan Sign Company	12/8/2010	5,649			5,649	-4,378	-1,271		-5,649	0	0
Security cameras system	6/7/2011	59,967			59,967	-32,983	-13,493		-46,476	13,491	1
Total		**444,793**	**0**	**0**	**444,793**	**-416,538**	**-14,764**	**0**	**-431,302**	**13,491**	
Furniture											
Furniture	Jan-Dec 2007	13,696			13,696	-13,696	0		-13,696	0	
Furniture	Jan-Dec 2009	8,062			8,062	-8,062	0		-8,062	0	
Furniture	Jan-Dec 2013	63,708			63,708	-6,371	-14334		-20,705	43,003	3
Furniture	Jan-Dec 2014		7,073		7,073	0	-707		-707	6,366	
Total		**85,466**	**7,073**	**0**	**92,539**	**-28,129**	**-15,042**	**0**	**-43,171**	**49,368**	

Posting Date	Document	Document	G/L Accou	Descriptio	Remarks	Amount	Bal. Accou	Bal. Accou	User ID	Source No.	Source Name	Entry No.
4/25/2014	Invoice	152570	11201	Invoice 150652		2,658.00	G/L Account		JSEDBERRY	V6088	Floor Center	788380
4/25/2014	Invoice	152571	11201	Invoice 150653		9,350.40	G/L Account		JSEDBERRY	V6088	Floor Center	788382
5/12/2014	Credit Mer	110473	11201	Credit Memo 2471		-150	G/L Account		JSEDBERRY	V6088	Floor Center	790800
5/12/2014	Invoice	152725	11201	Invoice 150807		8,659.00	G/L Account		JSEDBERRY	V6097	Hector Beristain	790806
5/23/2014	Invoice	152809	11201	Invoice 150891		300	G/L Account		JSEDBERRY	V6097	Hector Beristain	793092
7/28/2014	Invoice	153587	11201	Invoice 151669		6,032.20	G/L Account		JSEDBERRY	V1471	AMERICAN EXPRESS	807834
11/4/2014	Invoice	154231	11201	Invoice 152313		2,200.00	G/L Account		JSEDBERRY	V6182	Jorge Gazzoni	820785
11/4/2014	Invoice	154237	11201	Invoice 152319		62,294.66	G/L Account		JSEDBERRY	V6183	Blue Violet Networks, LLC	821379
11/24/2014	Invoice	154378	11201	Invoice 152460		4,886.69	G/L Account		JSEDBERRY	V6183	Blue Violet Networks, LLC	824618
12/5/2014	Invoice	154556	11201	Invoice 152638		18,688.39	G/L Account		JSEDBERRY	V6183	Blue Violet Networks, LLC	828645
12/17/2014	Invoice	154557	11201	Invoice 152639		18,688.39	G/L Account		JSEDBERRY	V6183	Blue Violet Networks, LLC	828647
						133,607.73						

Posting Date	G/L Accour	Description	Remarks	Amount	Description	Source Name	Entry No.
1/23/2014	11207	Invoice 149881		70,134.30	Microsoft Licenses	Microsoft Licensing, GP	774935
2/11/2014	11207	Invoice 150097		4,500.00	Pixtool	EMC Corporation	778445
2/26/2014	11207	Invoice 150177		12,150.00	Crashplan software	Code 42	779781
4/29/2014	11207	Invoice 150818		3,225.00	SolarWinds upgrade	AMERICAN EXPRESS	791005
6/6/2014	11207	Invoice 151055		3,780.00	FAStech	Cambridge Connections	796192
9/24/2014	11207	Invoice 151923		22,162.00	PPRPHYS licenses	Unitrends	813237
9/28/2014	11207	Invoice 152196		7,497.00	OEM license for Aspose	AMERICAN EXPRESS	819362
12/15/2014	11207	Invoice 152659		33,450.00	WhiteHat Sentinel Elite	WhiteHat Security, Inc.	828696
				156,898.30			

Posting Date	Document	Document	G/L Accour	Descriptior	Remarks	Amount	Description	Source Name	Entry No.
3/21/2014	Invoice	152310	11209	Invoice 150392		12,314.73	PowerEdge R620	Dell Marketing L.P.	783344
4/7/2014	Invoice	152450	11209	Invoice 150532		4,645.79	PowerEdge R720xd	Dell Marketing L.P.	785841
4/7/2014	Invoice	152498	11209	Invoice 150580		7,065.37	PowerEdge R720xd (2)	Dell Marketing L.P.	786349
4/8/2014	Invoice	152451	11209	Invoice 150533		9,864.58	Oran vSphere 5 (2)	Dell Marketing L.P.	785843
5/19/2014	Invoice	152974	11209	Invoice 151056		47,614.27	Cisco Smartnet (4)	CDW Direct, LLC	796194
7/31/2014		T08508	11209	Computer	from GL#55213-	16,636.71	Latitude E7440 (10)	Dell Marketing L.P.	811200
8/19/2014	Invoice	153825	11209	Invoice 151907		11,364.21	PowerVault TL 2000	Dell Marketing L.P.	813205
9/16/2014	Invoice	153829	11209	Invoice 151911		16,540.95	Latitude E7440 (10)	Dell Marketing L.P.	813213
11/4/2014	Invoice	154370	11209	Invoice 152452		27,368.87	WS-C4510RE-S7	Presidio Networked S	824597
11/12/2014	Invoice	154562	11209	Invoice 152644		16,428.99	Latitude E7440 (10)	Dell Marketing L.P.	828657
11/30/2014	Invoice	154561	11209	Invoice 152643		10,314.04	OptiPlex 9020 (10)	Dell Marketing L.P.	828655
						180,158.51			

Posting Date	G/L Accour	Descriptior	Remarks	Amount	Bal. Account Type	Source Name	Entry No.
1/28/2014	11203	Invoice 150091		4,346.84	Epic Reception desk	AMERICAN EXPRESS	778369
4/29/2014	11203	Invoice 150818		1,024.56	Ikea desks	AMERICAN EXPRESS	791006
8/14/2014	11203	Invoice 151584		1,702.06	Jerome Reception Set	POLICARPO CASTILLO	806468
				7,073.46			

Posting Date	G/L Accour	Description	Remarks	Amount	Bal. Account Type	Source Name	Entry No.
5/20/2014	11211	Invoice 151804		36,218.27	2014 Chrysler Town	Glenn E. Thomas Dodge Chrysler	810784
6/13/2014	11211	Invoice 151048		37,457.99	2014 Honda Pilot	Riverside Honda	796113
8/14/2014	11211	Invoice 151587		37,457.99	2014 Honda Pilot	Riverside Honda	806499
				111,134.25			

Assets Deletion	12/31/2014	
Software		
Software	2004	92,027
Computer		
Computer equipment	2004	62,130
Equipment		
Office equipment	2004	117,465

Monthly depreciation

11202	Leasehold	-65,773	-5,481.10
11204	Furniture	-15,042	-1,253.46
11206	Machinery	-14,764	-1,230.33
11208	Software	-84,428	-7,035.67
11210	Computer	-148,400	-12,366.70
11212	Auto	-45,865	-3,822.10
55512	Depreciation exp.		31,189.37

LASERFICHE 401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2014

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BFLC

beach, freeman, lim & cleland, LLP

INDEPENDENT AUDITORS' REPORT

To the Administrator of
LASERFICHE 401(K) PLAN
Long Beach, California

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

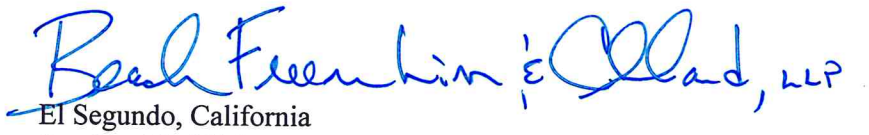
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplementary schedule of assets (held at end of year) as of 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 for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule referred to above.

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

The form and content of the information included in the financial statements and supplementary 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.



El Segundo, California
October 13, 2015

LASERFICHE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

ASSETS

	2014	2013
Investments		
Money market	$ 1,010,763	$ 1,129,004
Mutual funds	18,545,797	15,275,747
	19,556,560	16,404,751
Receivables		
Employer contributions	1,256,082	1,249,734
Participant contributions	5,500	2,870
Notes receivable from participants	205,716	239,832
	1,467,298	1,492,436
Net Assets Available for Benefits	$ 21,023,858	$ 17,897,187

See accompanying notes to financial statements.

LASERFICHE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributed to:	
Investment income	
Interest	$ 101
Dividends	1,091,348
Net appreciation in fair value of investments	271,942
	1,363,391
Interest on notes receivable from participants	9,528
Contributions	
Participants	1,633,928
Employer	1,256,346
Rollover	30,563
	2,920,837
	4,293,756
Deductions from Net Assets Attributed to:	
Benefits paid to participants	1,166,273
Administrative expenses	812
	1,167,085
Net Increase	3,126,671
Net Assets Available for Benefits, Beginning of Year	17,897,187
Net Assets Available for Benefits, End of Year	$ 21,023,858

See accompanying notes to financial statements.

LASERFICHE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Laserfiche 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established in 1997 and has been further amended as mandated by federal law. It is a defined contribution 401(k) plan that covers eligible employees of Laserfiche/Compulink Management Center, Inc., (the "Employer" or the "Company") who have completed three months of continuous service, and are age twenty-one or older. Eligible employees may join the Plan at the beginning of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Plan allows participants to contribute, on a pre-tax basis, an amount subject to an annual limit of the lesser of $17,500 or 60% of eligible compensation, in accordance the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to $5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and money market accounts as investment options for participants.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a Fidelity Freedom fund which is designated based on the participant's age until changed by the participant. The Plan allows participants to make additional deferral contributions from 1% to 100% of any employer cash bonus paid during the Plan year.

The Plan provides for discretionary Company matching contributions. Currently, the Company makes a discretionary matching contribution of 100% of a participant's contribution up to a maximum of 15% of the participant's base compensation. In order to qualify for the discretionary contribution, a participant must be employed on the last day of the year and work at least 1,000 hours during the Plan year.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest 20% per year beginning after the second year of service and become fully vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of $1,000, up to a maximum of 50% of their vested account balance, not to exceed $50,000. The loans are secured by the balance in the participant's account and bear interest at Thomson Reuters prime rate plus 1%. Loans must be repaid over a maximum five year period, unless it is for the purchase of a principal residence, in which case the loan repayment may not extend beyond ten years from the date of the loan. Principal and interest is paid ratably through bi-weekly payroll deductions.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service due to death, disability, retirement or termination of employment, a participant may elect to (a) receive a lump sum non-rollover distribution equal to the participant's vested interest in his/her account, (b) rollover distributions directly into an individual retirement account ("IRA") or a new employer's qualified retirement plan, (c) receive a combination of both non-rollover and rollover distributions, or (d) defer receipt of distribution until a later date.

If a participant's vested benefit is less than $1,000, a lump sum distribution from the Plan will be made by the Employer without the participant's consent. Minimum required distributions will be made no later than April 1st following the calendar year in which a participant attains age 70 1/2, unless they are still employed and elect to defer minimum distributions. Withdrawals may also be made for financial hardships, which is determined pursuant to the provisions of the IRC and the Plan document.

Forfeited Accounts

Forfeited nonvested accounts totaled $105,653 and $16,891 at December 31, 2014 and 2013, respectively. Forfeitures of terminated participants' nonvested accounts may first be used to pay administrative expenses of the Plan. Any remaining amounts will be used to reduce employer contributions. In 2014, $17,665 from forfeited nonvested accounts was used to offset Employer contributions to the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

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

NOTE 3 - PLAN TERMINATION

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

NOTE 4 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Managment Trust Company ("Fidelity"). Fidelity is the trustee, custodian, and recordkeeper of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Payments to Fidelity for recordkeeping services totaled $725 during the year ended December 31, 2014.

Notes receivable from Plan participants and the related interest income are also considered party-in-interest transactions.

NOTE 5 - INFORMATION CERTIFIED BY THE INVESTMENT TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplementary schedule is complete and accurate with respect to investments and notes receivable from participants:

- Investments at fair value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)

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

NOTE 6 - TAX STATUS OF THE PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan is therefore exempt from federal income taxes under the provisions of Section 501(a) of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan's tax counsel believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The statute of limitations is generally three years from the time the Form 5500 is filed.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	$ 21,023,858	$ 17,897,187
Less:		
Participant contributions receivable	(5,500)	(2,870)
Employer contributions receivable	(1,256,082)	(1,249,734)
Net assets per Form 5500	$ 19,762,276	$ 16,644,583

The following is a reconciliation of total contributions as shown on the statement of changes in net assets available for beneifts per the financial statements to the Form 5500:

	2014
Total contributions per the financial statements	$ 2,920,837
Add:	
Net change in participant contributions receivable	(2,630)
Less:	
Net change in employer contribution receivable	(6,348)
Total contributions per Form 5500	$ 2,911,859

NOTE 8 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Money market funds: Highly liquid instruments purchased with an initial maturity of three months or less and considered to be cash equivalents valued using level 1 inputs.

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

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,010,763	$ -	$ -	$ 1,010,763
Mutual funds	18,545,797	-	-	18,545,797
Assets at fair value	$ 19,556,560	$ -	$ -	$ 19,556,560

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,129,004	$ -	$ -	$ 1,129,004
Mutual funds	15,275,747	-	-	15,275,747
Assets at fair value	$ 16,404,751	$ -	$ -	$ 16,404,751

NOTE 9 - SUBSEQUENT EVENTS

The Plan evaluated all subsequent events through October 13, 2015, the date at which the financial statements were available to be issued. The Plan is not aware of any significant events that occurred subsequent to the date of the statements of net assets available for benefits, but prior to October 13, 2015, that would have a material impact on its financial statements.

SUPPLEMENTARY INFORMATION

LASERFICHE 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 95-3010597
PLAN NUMBER 001

Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year)

DECEMBER 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Spartan	SPTN TOT MKT IDX ADV	$ 1,928,696
*	Fidelity	FID CONTRAFUND	1,418,839
*	Fidelity	FID GROWTH COMPANY	1,308,613
*	Fidelity	FID FREEDOM 2040	1,092,826
*	Fidelity	FID RETIRE MMKT	1,010,763
*	Fidelity	FID FREEDOM 2050	842,781
*	Fidelity	FID BLUE CHIP GR	786,088
*	Fidelity	FID DIVERSIFIED INTL	759,112
	Spartan	SPTN EXT MKT IDX ADV	724,261
*	Fidelity	FID OTC PORTFOLIO	679,992
*	Fidelity	FID SM CAP DISCOVERY	597,498
*	Fidelity	FID PURITAN	527,949
*	Fidelity	FID EXPORT & MULTI	522,783
*	Fidelity	FID FREEDOM 2055	485,248
*	Fidelity	FID LOW PRICED STK	481,224
*	Fidelity	FID VALUE	479,656
*	Fidelity	FID SMALL CAP VALUE	434,703
*	Fidelity	FID FREEDOM 2035	430,410
*	Fidelity	FID DIVIDEND GR	399,587
*	Fidelity	FID MID CAP STOCK	366,950
	Franklin Templeton	TMPL GLOBAL BOND A	302,250
*	Fidelity	FID INTERMED BOND	298,618
*	Fidelity	FID INVST GR BD	294,620
*	Fidelity	FID FREEDOM 2045	288,873
*	Fidelity	FID OVERSEAS	281,741
*	Fidelity	FID VALUE STRAT	273,699
	Spartan	SPTN INT TR INDX ADV	249,210

LASERFICHE 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 95-3010597
PLAN NUMBER 001

Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year)

DECEMBER 31, 2014

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Fidelity	FID REAL ESTATE INVS	246,822
*	Fidelity	FID FIFTY	242,219
	Spartan	SPTN INTL INDEX ADV	192,975
*	Fidelity	FID FREEDOM 2030	187,232
*	Fidelity	FID FIDELITY FUND	184,001
*	Fidelity	FID FREEDOM 2025	174,074
*	Fidelity	FID LARGE CAP STOCK	172,682
*	Fidelity	FID EQUITY INC	134,660
*	Fidelity	FID SHORT TERM BOND	133,304
*	Fidelity	FID EMERGING MKTS	121,160
*	Fidelity	FID FREEDOM 2020	116,743
*	Fidelity	FID EQ DIV INCOME	87,342
*	Fidelity	FID GROWTH STRAT	66,953
*	Fidelity	FID FREEDOM 2010	63,465
	Allianz	ALZGI NJF DIV VL ADM	53,335
*	Fidelity	FID FREEDOM INCOME	32,464
	Royce	ROYCE VALUE PLUS SER	31,601
*	Fidelity	FID FREEDOM 2015	24,127
	Keeley	KEELEY SMALL CAP VAL	9,708
	Columbia	COL VALUE & RSTRG Z	9,490
*	Fidelity	FID SEL GOLD	5,213
			19,556,560
*	Participants	Notes receivable from participants - maturing through 2024 with interest at 5.25%	205,716
			$ 19,762,276

* Party-in-interest to the Plan for which a statutory exemption exists.