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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ 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:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
J.P. LAMBORN CO. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1997

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

J.P. LAMBORN CO.

3663 E. WAWONA AVENUE
FRESNO, CA 93725

2b Employer Identification Number (EIN)
77-0035994

2c Sponsor's telephone number
559-650-2120

2d Business code (see instructions)
326100

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.		
	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 Name [ ] Same as Plan Sponsor Address	**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**	146
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	112
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	139
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
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:
2A 2E 2F 2G 2J 2K 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)

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A Name of plan
J.P. LAMBORN CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J.P. LAMBORN CO.

D Employer Identification Number (EIN)
77-0035994

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).. . . . . ☐ 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

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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)

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(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?
27 55	INVESTMENT ADIVSOR	16614	Yes [X] No [ ]	Yes [X] No [ ]	6407	Yes [ ] No [X]

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

MASS MUTUAL RETIREMENT SERVICES LLC

26-1589907

(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 38 49 59 60 50 64 63	RECORDKEEPER	1788	Yes [X] No [ ]	Yes [X] No [ ]	2	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 [ ]

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
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 FNDS AMER BALANCED R3 94-6050854	.65% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 EUROPACIFIC R3 95-1411037	.65% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 INV CO AMER R3 95-1426645	.65% X ASSETS

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
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 ACORN FUND A 36-2692100	.50% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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.
DREYFUS BASIC S&P 500 INDEX A 13-4024319	.10% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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.
FRANKLIN SMALL CAP VALUE A 13-3151768	.35% X ASSETS

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
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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.
FRANKLIN STRATEGIC INCOME FUND A 13-3157168	.35% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 MID CAP VALUE A 13-4166989	.55% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 DEVELOPING MARKETS A 76-0343427	.60% X ASSETS

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
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 REAL ESTATE A 76-0343427	.60% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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.
JP MORGAN SMALL CAP GROWTH A 26-3613641	.55% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 CASH RESERVE R3 04-3158862	0% X ASSETS

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
MASS MUTUAL RETIREMENT SERVICES LLC	63 15	

(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 TOTAL RETURN A 33-0629048	.40% X ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASS MUTUAL RETIREMENT SERVICES LLC	63	

(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 FUNDAMENTAL GROWTH A 03-0460956	.55% X ASSETS

(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

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(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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A Name of plan
J.P. LAMBORN CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J.P. LAMBORN CO.

D Employer Identification Number (EIN)
77-0035994

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200000	100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	93191	148231
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4414924	4682307
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4708115	4930538
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		659
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		659
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4708115	4929879

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)	216881	
	(B) Participants	2a(1)(B)	197167	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		414048
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4982	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4982
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	130037	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		130037
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		191247
c Other income	2c		122
d Total income. Add all **income** amounts in column (b) and enter total	2d		740436
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	497464	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		497464
f Corrective distributions (see instructions)	2f		238
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4337	
(3) Investment advisory and management fees	2i(3)	16614	
(4) Other	2i(4)	19	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20970
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		518672
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		221764
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FHG PARTNERS, LLP **(2)** EIN: 45-2416228

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust
AST TRUST COMPANY

6b Trust's EIN
133439945

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A Name of plan
J.P. LAMBORN CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J.P. LAMBORN CO.

D Employer Identification Number (EIN)
77-0035994

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): 04-1590850

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):

Independent Auditor's Report and
Financial Statements with Supplemental Schedule

J.P. LAMBORN CO.
401(K) PROFIT SHARING PLAN

March 31, 2014



J.P. LAMBORN CO.
401(K) PROFIT SHARING PLAN
Years ended March 31, 2014 and 2013

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FHG PARTNERS, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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Visalia, Ca 93291
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INDEPENDENT AUDITOR'S REPORT

Plan Administrator/Board of Trustees
J.P. Lamborn Co.
401(K) Profit Sharing Plan
Fresno, California

We were engaged to audit the accompanying financial statements of J.P. Lamborn Co., 401(K) Profit Sharing Plan, which comprise of statement of net assets available for benefits as of March 31, 2014, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate audit evidence to provide 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 3, which was certified by Reliance Trust Company, the trustees/custodians/service providers of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees/custodians/service provider holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained a certification from the trustee/custodian/service provider as of and for the year ended March 31, 2014, that the information provided to the plan's administrator by the trustees/custodians/service provider 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 referred to in the first paragraph.

Other Matter- Supplemental Schedule

The supplemental schedule H line 4i—Schedule of Assets (Held At End of Year) as of or for the year ended March 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial Statements. Because of this significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter- 2013 Financial Statements

The financial statements of the plan as of March 31, 2013, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by, Reliance Trust Company, the trustee/custodians/service provider. Their report, dated October 22, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee/custodians/service provider, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

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

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustee/custodians/service provider, 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 Employee Retirement Income Security Act of 1974.

FHG Partners, LLP

Visalia, Ca
October 15, 2014

J.P. LAMBORN CO.
401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
Year ended March 31, 2014 and 2013

	2014	*2013*
Assets		
Investments:		
At fair value (Notes 3, 4, and 5)		
Mutual funds	$3,029,196	$2,418,285
Money market funds	1,653,111	1,996,639
Total Investments	4,682,307	4,414,924
Receivables:		
Employer contributions	100,000	200,000
Notes receivable from participants	148,231	93,191
Total Receivables	248,231	293,191
Total Assets	4,930,538	4,708,115
Liabilities:		
Accrued Expenses	659	-
Total Liabilities	659	-
Net assets reflecting investments at fair value	4,929,879	4,708,115
Net assets available for benefits	$4,929,879	$4,708,115

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

J.P. LAMBORN CO.
401(K) PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
Year ended March 31, 2014

	2014
Additions:	
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments (Note 3)	$ 191,247
Interest and dividends	130,037
Other Income	122
Total Investment Income	321,406
Interest Income on notes receivable from participants	4,982
Contributions:	
Employer's	216,881
Participants'	197,167
Total Contributions	414,048
Total Additions	740,436
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants and other	497,464
Administrative expenses	20,970
Other Expenses	238
Total Deductions	518,672
Net increase in net assets available for benefits	221,764
Net assets available for plan benefits:	
Beginning of year	4,707,115
End of year	$4,929,879

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

NOTE 1: DESCRIPTION OF PLAN

The following description of the J.P. Lamborn Co. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:
The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act ("ERISA") of 1974, as amended. The Plan is a special type of retirement plan commonly referred to as a 401(K) plan which refers to the specific section of the Internal Revenue Code that allows employees to make pre-tax contributions to a retirement plan. Under the Plan, participants may choose to have a specific percentage or dollar amount withheld from the participant's salary and have such amount deposited directly into a 401(K) account on their behalf. This pre-tax contribution is referred to as "Salary Deferral". The plan is administered by an administrative committee, consisting of Company employees, appointed by the Company's Board of Directors for the exclusive benefit of the participants. The plan is funded under a qualified trust maintained by Hartford Retirement Services ("Harford"), which was acquired by Massachusetts Mutual Life Insurance Company ("Mass") in January of 2013. Mass is authorized to invest, manage and control Plan assets, pay benefits, and ensure proper accounting records are maintained on behalf of the participants and their beneficiaries. A separate trust agreement has been executed and approved by the IRS under Reliance Trust Company (Trustee).

The plan was originally adopted on April 1, 1997 and the safe harbor provisions of the plan were removed effective plan year beginning April 1, 2008 with an effective date of February 8, 2009. Effective April 1, 2013 that Plan was changed under amendment # 004 to reinstate the employer safe harbor matching contribution. The IRS issued favorable determination letter on the Plan (volume submitter 401(k) plan) dated July 7, 2010. Amendments are made to the Plan as needed to comply with current laws.

Eligible Participants:
The Plan covers all employees (not excluded by class) with 1,000 hours or more of service with the company who have one year of service and are age twenty-one or older. Employees may enter the plan on April 1st and October 1st once they have satisfied the Plan's eligibility requirements. Employees covered by a collective bargaining unit under which pension benefits were a subject of good faith bargaining are excluded by class as well as non-resident aliens are excluded by class.

Contributions:
The Plan has no elective deferral limitations, each year, eligible participants may contribute an amount they elect as pretax annual compensation and there are no automatic deferral provisions, as specified in the plan, up to the annual maximum as defined by law ($17,500 in calendar year 2014 and 2013). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions as defined by law ($5,500 for calendar years 2014 and 2013). Participants may also contribute amounts representing distributions from other qualified defined benefits or defined contributions plans (tax-free transfers/rollovers). The Plan sponsor/company, J.P. Lamborn Co. may make discretionary profit sharing contributions at the option of the Company's Board of Directors. For the Plan year ending March 31, 2014, the Company has

NOTE 1: DESCRIPTION OF PLAN (continued)

Contributions (continued):
elected to make a profit-sharing contribution of $100,000 to the Plan. Total contributions are only subject to certain IRS imposed limitations. All or a portion of the profit sharing contributions may be designated as qualified non-elective contributions (QNEC). A QNEC is not subject to a vesting schedule and as a results, the employee is always 100% vested in any QNEC's made on their behalf.

Participant Accounts:
Each participant's account is credited with the participant's contribution and an allocation of *(a)* the company's contribution, *(b)* Plan earnings, and charged with an allocation of administrative expenses (if not paid by Plan or by the Plan sponsor) or investment-related fees incurred as a result of participants investment decisions. Allocations are based on participant earnings or account balances, as defined. Allocation of discretionary profit sharing contributions is based on a participant's compensation for the Plan year as compared to the compensation of all qualifying plan participants. Participants direct the investment of their contributions and employer matching contributions into various investment options offered by the Plan.

Vesting:
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Generally, Company contributions plus earnings thereon become fully vested after two years of service, or upon normal retirement, disability or death. Unvested employer contributions are forfeited and may be used by the Plan for several purposes, such as the payment of plan expenses at the earlier of full distribution of vested account balance or five consecutive one-year breaks in service.

Forfeitures:
Forfeitures are participants' allocated interest in Plan assets which are not vested because employment is terminated before the vesting period is completed. At March 31, 2014 and 2013, forfeited non-vested accounts totaled $1,345. These accounts may be used to reduce future employer contributions. Until such time as the forfeitures are applied, they are held as unallocated assets of the Plan.

Notes Receivable from Participants:
Under the Plan's provisions, participants may obtain personal loans from their account balances. Participants loans are evidenced by a written note, bearing a reasonable rate of interest as determined under the loan policy, and are collateralized by the participants account balances. A participant may borrow the lesser of $50,000 (but at a minimum $1,000) or one-half of his or her vested account balance for a period not to exceed five years. The participant may not have more than one loan outstanding from the Plan and must meet the loan hardship qualification usage requirements as outlined in the loan policy. Repayment of principal and interest is made through payroll deductions or an ACH agreement. Notes receivable from participants are value at cost, which approximates fair value. Interest income from loans is recorded when received. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan documents.

NOTE 1: DESCRIPTION OF PLAN (continued)

Payment of Benefits:
Upon termination of employment, participants are entitled to their vested benefits after ninety days. Payment of benefits, if married, will automatically be made in a joint and 50% survivor annuity unless an alternative form of payment is elected. However, if the vested benefit of an participant's account does not exceed $1,000, then payment is made in a lump-sum distribution. Benefits are recorded when paid.

Hardship Withdrawals:
The Plan does not allow for hardship distributions, but instead offers a loan program. The loan policy requires the participant to show undue financial hardship.

Investment Options:
Each participant is allowed to direct all of their accounts into any of the various investments options offered by the Plan. These options consist of various fixed funds and mutual funds with various degrees of risk. A participant may invest his or her account in fourteen investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of accounting:
The financial statements of the Plan are prepared using the accrual method of accounting. All transactions captured in the statement of net assets available for benefits and statements of changes in net assets available for benefits are based on the accrual-based method with the value of all Plan assets based on current fair market value.

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

Investment Valuation and Income Recognition:
The Plan's investments are stated 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. Shares of the registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded as of the trade date. Interest income is recorded when received. Dividends are recorded on the ex-dividend basis. See Note 4 for discussion of fair value measurements.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (continued)

Unallocated Plan Assets (Forfeiture Accounts):
The Plan uses non-vested portions of distributions to former participants (forfeitures) for deduction of future employer contributions or for the payment of future Plan expenses. Until such time as the forfeitures are applied, they are held as unallocated assets of the Plan and are part of the fixed income investment balance.

Payment of Benefits:
Benefits are recorded when paid.

Administrative Expenses:
The Plan permits the payment of Plan related expenses to be made from the plan assets. If the Employer does not pay these expenses from its own assets, then the expenses paid using the Plan's assets will generally be allocated amount the accounts of all participants in the Plan.

Non Eligible Contributions:
Contributions received from participants for 2014 include payments of $320 that made subsequent to year end to a certain employee who was not eligible to participant in the plan due to age.

NOTE 3: INVESTMENTS

The Plan's investments are held by Massachusetts Mutual Life Insurance Company. The following table presents investments. Investments that represent five percent or more of the Plan's net assets are separately identified.

	March 31,	
	2014	***2013***
Money Market Funds:		
MFS Cash Reserve Fund Class R3	$1,653,111	$1,996,639
Registered Investment Company Funds (Mutual Funds):		
Large Blend	1,016,692	829,148
Medium Blend	8,688	9,075
Large Growth	678,072	539,216
Medium Growth	206,630	121,066
Small Growth	159478	40,941
Small Value	66,842	49,396
Bonds	892,794	829,443
Total assets at fair value	$4,682,307	$4,414,924

NOTE 3: INVESTMENTS (continued)

During the plan year ending March 31, 2014 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increase in value by $191,247 as follows:

Mutual Funds:	
Large Blend	$92,412
Medium Blend	(817)
Large Growth	92,083
Medium Growth	11,706
Small Growth	13,274
Small Value	9,371
Bonds	(26,782)
	$191,247

Individual investments that represent five percent or more of the Plan's assets consist of the following at March 31, 2014:

	Fair Value	***% of Net Assets***
MFS Cash Reserve Fund R3	$1,653,111	35%
Pimco Total Return Fund A	$484,299	10%
American Funds Investment Co. of AM R3	$480,262	10%
Pioneer Fundamental Growth FDA	$452,022	10%
Franklin Strategic Income Fund A	$408,495	9%
American Funds Amer Balanced R3	$340,660	7%

Individual investments that represent five percent or more of the Plan's assets consist of the following at March 31, 2013:

	Fair Value	***% of Net Assets***
MFS Cash Reserve Fund R3	$1,996,639	45%
Pimco Total Return Fund A	$485,010	11%
American Funds Investment Co. of AM R3	$396,706	9%
Pioneer Fundamental Growth FDA	$376,336	9%
Franklin Strategic Income Fund A	$344,433	8%
American Funds Amer Balanced R3	$281,145	6%

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques unused 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). The three levels of the fair value hierarchy under FASB 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.

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 March 31, 2014.

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 Securities and Exchange Commission. These funds are required to publish their daily Net Asset Values (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Different mutual funds may also be subject to different risks, volatility, and fees and expenses. Most mutual funds publish their per share NAVs in the daily newspaper.

Money Market Funds:
Money market funds are financial instruments that invest in stable short-term securities (such as Treasury bills, bank CDs, commercial paper, repurchase agreements, or variable rate demand notes). Money market funds keep their Net Asset Value (NAV) constant at $1.00 per share for fair market value. Their yields change based on the earnings they derive from investments.

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

Fair value of Investments in Entities that use NAV (or accounting unit value determined in a similar manner)

Financial Accounting Standards Board Update 2009-12, Fair Value Measurement and Disclosure (Topic 820): Investment in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent- accounting unit value determined in a similar manner as NAV) requires disclosures of certain attributes in entities that calculate a net asset value per share (or its equivalent) and do not have a readily determinable fair value. The following table sets forth the disclosure of the attributes at March 31, 2014 and 2013:

2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual funds	$3,029,196	-	Daily	Daily

2013	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual funds	$2,418,285	-	Daily	Daily

Significant investment strategies include a variety of mutual funds ranging from conservative, large and mid cap, diversified emerging market funds, foreign large blend funds, and real estate funds as well as mutli-sector and intermediate bonds.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2014.

	Assets at Fair Value as of March 31, 2014			
	Level 1	***Level 2***	***Level 3***	***Total***
Mutual Funds:				
Large Blend	$1,016,692	$ -	$ -	$1,016,692
Medium Blend	8,688	-	-	8,688
Large Growth	678,072	-	-	678,072
Medium Growth	206,630	-	-	206,630
Small Growth	159478	-	-	159478
Small Value	66,842	-	-	66,842
Bonds	892,794	-	-	892,794
Mutual Funds	$3,029,196	-	-	$3,029,196
Money Market Funds	1,653,111	-	-	1,653,111
Total assets at fair value	$4,682,307	$ -	$ -	$4,682,307

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2013.

	Assets at Fair Value as of March 31, 2013			
	Level 1	***Level 2***	***Level 3***	***Total***
Mutual Funds:				
Large Blend	$ 829,148	$ -	$ -	$ 829,148
Medium Blend	9,075	-	-	9,075
Large Growth	539,216	-	-	539,216
Medium Growth	121,066	-	-	121,066
Small Growth	40,941	-	-	40,941
Small Value	49,396	-	-	49,396
Bonds	829,443	-	-	829,443
Total Mutual Funds	$2,418,285	-	-	$2,418,285
Money Market Funds	1,996,639	-	-	1,996,639
Total assets at fair value	$4,414,924	$ -	$ -	$4,414,924

NOTE 5: CERTIFICATION (Certified Investments)

The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. The Plan's independent auditors 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 supplemental schedule. The trustee's Reliance Trust Company certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	March 31, 2014	***March 31, 2013***
Investments held by Reliance Trust Company:		
Mutual Funds	$3,029,196	$2,418,285
Money Market Funds	1,653,111	1,996,639
Total Investments, at fair value	$4,682,307	$4,414,924
Interest and Dividends-	$130,037	$85,324
Total Interest and Dividends	$130,037	$85,324
Net appreciation-Gain(Loss) in fair value investments	$ 191,247	$ 151,885

NOTE 6: PARTY-IN-INTEREST- RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Massachusetts Mutual Life Insurance Company (MassMutual), which acquired in early 2013 The Hartford's Retirement Plans business. MassMutual has no affiliation, and Hartford Retirement Services, LLC and The Hartford's Retirement Plans business no longer have any affiliation, with The Hartford Financial Services Group, Inc. or any of its subsidiaries. MassMutual has been appointed by Hartford Life Insurance Company (HLIC) to provide all administrative services necessary to support the insurance contracts issued by HLIC and reinsured by MassMutual in connection with the transaction. The parties in interest include Mass Mutual Retirement Services LLC, Reliance Trust Company, Total Benefit Services, UBS Financial Services, are parties-in-interest to the Plan under ERISA. Mass Mutual Retirement Services, LLC provides enrollment, recordkeeping, and investment allocation services and was paid $1,788 for the year ended March 31, 2014 as well as indirect compensation of various amounts based on investment type. UBS Financial Services provides investment advisory services and Harford was paid $16,614 and $1,513, respectively for the year ended March 31, 2014. Total Benefit Services, Inc. is the contracted administrator and was paid $2,550 for the year ended March 31, 2014. In addition, the plan sponsor paid Total Benefits Services, Inc directly $8,819 for the year ended March 31, 2014.

A party-in-interest is broadly defined under ERISA to include a fiduciary, any employer, and any person providing services to the Plan, and any officer, director or 10% or more shareholder of any such employer.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 7, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, it is the opinion of management that the Plan and the Plan's operations as of March 31, 2014 and 2013 and the years then ended are in compliance the applicable requirements of the IRC.

Accounting principles generally accepted in the United States require the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan's administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2011.

NOTE 8: 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 fully vested in their accounts, with rights to benefits accrued to the date of termination Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the company may determine.

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The net assets available for benefits per the financial statements at March 31, 2014 and 2013 agree to Form 5500.

The benefits paid to participants per the financial statements for the year ended March 31, 2014 and 2013 agree to Form 5500.

NOTE 10: 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 11: SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan sponsor recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan’s financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan’s management has evaluated subsequent events through October 15, 2014, which is the date through which the financial statements were available to be issued, and besides the Plan’s profit sharing in the amount of $100,000 being funded, no other events were identified impacting the accompanying financial statements and disclosures.

SUPPLEMENTAL SCHEDULE

J.P. LAMBORN CO.
401(K) PROFIT SHARING PLAN

For the year ended March 31, 2014

Schedule H line 4i—Schedule of Assets (Held at End of Year)

Plan Name: J.P. Lamborn Co. 401(K) PROFIT SHARING PLAN

EIN: 77-0035994 **Plan Year**: 04/01/2013 to 3/31/2014 **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds American Balanced R3	MUTUAL FUND		$340,660
	American Funds Europacific R3	MUTUAL FUND		$226,050
	Pioneer Fundamental Growth FDA	MUTUAL FUND		$452,022
	Columbia Acorn Fund	MUTUAL FUND		$135,563
	Dreyfus Basic S & P 500 Index	MUTUAL FUND		$21,741
	Franklin Strategic Income Fund A	MUTUAL FUND		$408,495
	Invesco Real Estate Fund A	MUTUAL FUND		$8,688
	Invesco Developing Markets FD A	MUTUAL FUND		$174,029
	Franklin Small Cap Value A	MUTUAL FUND		$66,842
	Goldman Sachs Mid Cap Value A	MUTUAL FUND		$71,067
	American Funds Investment Co. of America R3	MUTUAL FUND		$480,262
	Pimco Total Return Fund A	MUTUAL FUND		$484,299
	JPMorgan Small Cap Growth Fund	MUTUAL FUND		$159,478
	MFS Cash Reserve Fund R3	MONEY MARKET FUND		$1,653,111
		SUB-TOTAL		$4,682,307
*	Notes Receivable from Participants	Loans interest rate of 4.75% to 6.50%		$148,231
		TOTAL		**$4,,830,538**

* Party-in-interest

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

For the plan year beginning **04/01/2013** and ending **03/31/2014**

Name of plan
J.P. LAMBORN CO. 401(k) PROFIT SHARING PLAN

Employer Identification Number
77-0035994

Three-digit plan number ► **002**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS AMER BALANCEDR3	MUTUAL FUND		340,660
	AMERICAN FUNDS EUROPACIFIC R3	MUTUAL FUND		226,050
	PIONEER FUNDAMENTAL GROWTH FDA	MUTUAL FUND		452,022
	COLUMBIA ACORN FUND A	MUTUAL FUND		135,563
	DREYFUS BASIC S&P500 A	MUTUAL FUND		21,741
	FRANKLIN STRATEGY INCOME A	MUTUAL FUND		408,495
	INVESCO REAL ESTATE FUND A	MUTUAL FUND		8,688
	INVESCO DEVELOPING MARKETS FDA	MUTUAL FUND		174,029
	FRANKLIN SMALL CAP VALUE A	MUTUAL FUND		66,842
	GOLDMAN SACHS MID CAP VALUE A	MUTUAL FUND		71,067
	AMERICAN FUNDS INV CO OF AM R3	MUTUAL FUND		480,262
	PIMCO TOTAL RETURN A	MUTUAL FUND		484,299
	JP MORGAN SMALL CAP GROWTH A	MUTUAL FUND		159,478
	MFS CASH RESERVE FUND R3	MONEY MARKEY FUND		1,653,111
	PARTICIPANT LOANS	RATE OF INTEREST 4.75% - 6.5%		148,231

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2013 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

A This return/report is for: [ ] a multiemployer plan; [ ] a multiple-employer plan; 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: [ ] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
J.P. LAMBORN CO. 401(k) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1997

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

J.P. LAMBORN CO.

3663 E. WAWONA AVENUE

US FRESNO CA 93725

2b Employer Identification Number (EIN) 77-0035994

2c Sponsor's telephone number (559) 650-2120

2d Business code (see instructions) 326100

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	[signature]	10-31-14	John P. Lamborn, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10-31-14	John P. Lamborn, JR
	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 Name [ ] Same as Plan Sponsor Address	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: a Sponsor's name	4b EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	5	146
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	112
b Retired or separated participants receiving benefits	6b	2
c Other retired or separated participants entitled to future benefits	6c	25
d Subtotal. Add lines 6a, 6b, and 6c	6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	138
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:

2A 2E 2F 2G 2J 2K 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	b General Schedules
(1) [X] R (Retirement Plan Information)	(1) [X] H (Financial Information)
(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(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)
(3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	