

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
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>09/01/2013</u> and ending <u>08/31/2014</u>	
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 <u>BOWSER-MORNER INC SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/23/1967</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0579112</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>937-236-8805</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541380</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/23/1967</u>		2b Employer Identification Number (EIN) <u>31-0579112</u>		2c Sponsor's telephone number <u>937-236-8805</u>		2d Business code (see instructions) <u>541380</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/23/1967</u>											
2b Employer Identification Number (EIN) <u>31-0579112</u>											
2c Sponsor's telephone number <u>937-236-8805</u>											
2d Business code (see instructions) <u>541380</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BOWSER-MORNER INC</u> <u>P O BOX 51</u> <u>DAYTON, OH 45401-0051</u>											

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.	<u>06/10/2015</u>	<u>SCOTT KINNEY</u>
	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 ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BOWSER-MORNER INC P O BOX 51 DAYTON, OH 45401-0051		3b Administrator's EIN 31-0579112
		3c Administrator's telephone number 937-236-8805
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		5 114
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 91
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 14
d Subtotal. Add lines 6a , 6b , and 6c		6d 106
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 2
f Total. Add lines 6d and 6e		6f 108
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 108
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☐ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **09/01/2013** and ending **08/31/2014**

A Name of plan BOWSER-MORNER INC SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOWSER-MORNER INC	D Employer Identification Number (EIN) 31-0579112	

Part I	Service Provider Information (see instructions)
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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)

EVERHART FINANCIAL GROUP INC

31-1440043

(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?
14 27	NONE	39376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE

20-0937408

(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?
14 21	NONE	5853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY KEENE

35-0500670

(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?
14 64	NONE	16328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 09/01/2013 and ending 08/31/2014	
A Name of plan BOWSER-MORNER INC SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOWSER-MORNER INC	D Employer Identification Number (EIN) 31-0579112

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)		170027
(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)	214559	181798
(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)	12114558	14031441
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	12329117	14383266

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12329117	14383266
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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)	170027	
(B) Participants	2a(1)(B)	346783	
(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)		516810
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)	6858	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6858
(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)	237593	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		237593
(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)		1914815
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2676076

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	560370	
(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)		560370
f Corrective distributions (see instructions)	2f		
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)		
(3) Investment advisory and management fees	2i(3)	61557	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61557
j Total expenses. Add all expense amounts in column (b) and enter total	2j		621927

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2054149
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SCHROEDER & CO CPAS LLC

(2) EIN: 47-2615880

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:

- 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.)
- 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.)

	Yes	No	Amount
4a		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

**BOWSER-MORNER, INC.
EMPLOYEES' SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS AND
DOL – REQUIRED SUPPLEMENTARY SCHEDULES
YEARS ENDING AUGUST 31, 2014 AND 2013**

SCHROEDER & Co., LLC

Certified Public Accountants

NICHOLAS V. SCHROEDER, CPA
FRED J. SCHROEDER, CPA
JEFFERY W. RIEMAN, CPA

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Bowser-Morner, Inc. Employees' Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bowser-Morner, Inc. Employees' Retirement Savings Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of August 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the year ended August 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 the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by TD Ameritrade 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 and for the years ended August 31, 2013 and 2012, 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.

Basis of Accounting

We draw attention to Note B to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 supplemental schedules 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 supplemental schedules, 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.



SCHROEDER & CO., CPA'S
CERTIFIED PUBLIC ACCOUNTANTS

Ottawa, Ohio
June 10, 2015

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Years ended August 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Cash and short-term investments	<u>0</u>	<u>0</u>
Receivables:		
Employer contribution	170,027	0
Notes receivable - participants	<u>181,798</u>	<u>214,559</u>
	351,825	214,559
Investments, at market value "quoted prices in an active market" (Note B and C)		
Common stock funds	<u>14,031,441</u>	<u>12,114,558</u>
	<u>14,031,441</u>	<u>12,114,558</u>
 TOTAL ASSETS	 <u>14,383,266</u>	 <u>12,329,117</u>
LIABILITIES		
Participant distribution payable	<u>0</u>	<u>0</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>14,383,266</u>	 <u>12,329,117</u>

The accompanying Accountants' Report and notes are integral parts of this statement.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

For the year ended August 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions	
Employee	346,783
Employee rollover	0
Employer	<u>170,027</u>
	<u>516,810</u>
Investment income	
Interest - participant loans	6,858
Dividends	237,593
Gain from increase in value of investments - participant directed	<u>1,914,815</u>
	2,159,266
Less investment expenses	<u>61,557</u>
	<u>2,097,709</u>
Total additions	<u>2,614,519</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	<u>560,370</u>
Total deductions	<u>560,370</u>
Net increase	2,054,149

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>12,329,117</u>
End of year	<u>14,383,266</u>

The accompanying Accountants' Report and notes are integral parts of this statement.

NOTES TO FINANCIAL STATEMENTS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Year ended August 31, 2014

NOTE A - DESCRIPTION OF PLAN

The following description of the Bowser-Morner, Inc. Employees' Retirement Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL - The plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS - Each year, the Company contributes to the Plan a percentage of its current profits before profit-sharing costs and income taxes as determined by the Company's board of directors. Participants may contribute the lesser of 15% of their annual wages or \$17,500. The Company contributed \$170,027 for the year ended August 31, 2014.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after seven years of credited service.

PARTICIPANT LOANS - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 8.00%, which are commensurate with current interest rates charged for loans made under similar circumstances by persons in the business of lending money.

PAYMENT OF BENEFITS - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or installment payments.

FORFEITED ACCOUNTS - At August 31, 2014 forfeited, nonvested accounts totaled \$0. When available, these accounts will be used to reduce future plan expenses.

AMENDMENTS - The Plan was amended and restated in its entirety on April 29, 2010 to be effective September 1, 2007. The Plan, as amended and restated, is intended to qualify as a profit-sharing plan under Code Section 401(a), and includes a cash or deferred arrangement that is intended to qualify under Code Section 401(k).

NOTES TO FINANCIAL STATEMENTS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Year ended August 31, 2014

NOTE B - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING - These financial statements are presented on the modified cash basis of accounting. The basis differs from general accepted accounting principles primarily because the Plan records dividends when received and purchases and sales of securities are recorded on settlement date and plan assets are recorded at fair market value rather than cost.

DOL LIMITED SCOPE AUDIT – TD Ameritrade has certified the account summary report, gain loss report, transaction detail report and the 5% transaction reports for the period from September 1, 2013 through August 31, 2014. As a result of this, management has instructed us not to audit these items with respect to the investment accounts.

ESTIMATES - The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTES RECEIVABLE FROM PARTICIPANTS – Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest.

INVESTMENT VALUATION - The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

PAYMENT OF BENEFITS – Benefits are recorded when paid.

OPERATING EXPENSES – The expenses of operation and administration of the Plan, including the expenses of the Administrator and fees of the Trustee, shall be paid from the Trust, unless the Sponsor elects to make payment. During the years ended August 31, 2014 and 2013, all expenses of the plan were paid by the Trust, except for certain accounting, auditing and legal fees which were paid by the Sponsor.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Year ended August 31, 2014

NOTE C - FAIR VALUE MEASUREMENTS (CONT'D)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the plan at year-end.

The table below presents the amounts of assets and liabilities measured at fair value on a recurring basis as of August 31, 2014 and 2013:

August 31, 2014

	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	<u>\$14,031,441</u>	<u>\$14,031,441</u>	<u>\$0</u>	<u>\$ 0</u>
	<u>\$14,031,441</u>	<u>\$14,031,441</u>	<u>\$0</u>	<u>\$ 0</u>

August 31, 2013

	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	<u>\$12,114,558</u>	<u>\$12,114,558</u>	<u>\$0</u>	<u>\$ 0</u>
	<u>\$12,114,558</u>	<u>\$12,114,558</u>	<u>\$0</u>	<u>\$ 0</u>

NOTES TO FINANCIAL STATEMENTS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Year ended August 31, 2014

NOTE D - INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee. Participant directed investments that represent 5 percent or more of the Plan's net assets are separately identified.

	<u>2014</u>	<u>2013</u>
Registered investment companies		
Vanguard Total Bond Market		697,766
American Mutual Fund Class R-6	1,220,156	1,320,701
Metlife Stable Value I	714,282	990,280
Portfolio Acct Svc Moderate Aggressive Fund	1,249,079	1,012,377
Vanguard Small Capital Growth Index	872,295	731,961
Portfolio Acct Svc Aggressive Fund	1,084,274	618,888
Portfolio Acct Svc Moderate Fund	2,150,300	1,334,108
Portfolio Acct Svc Conservative Fund	1,089,446	
Vanguard Growth Index Signal	1,430,621	1,201,545
Vanguard 500 Index Signal	1,557,087	1,410,589
DFA US Targeted Value		736,505
DFA International Value		686,368
Other less than 5 percent	<u>2,663,901</u>	<u>1,373,470</u>
Total investments at market value - "quoted prices in an active market"	<u>14,031,441</u>	<u>12,114,558</u>

During the year ended August 31, 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$1,914,815, as follows:

	<u>YEAR ENDED AUGUST 31, 2014</u>
Registered investment companies	<u>1,914,815</u>
Net Change in Fair Value	<u>1,914,815</u>

NOTES TO FINANCIAL STATEMENTS

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

Year ended August 31, 2014

NOTE E - PLAN TERMINATION

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

NOTE F - TAX STATUS

The Plan obtained its latest determination letter on February 13, 1996, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in process. Then Plan administrator believes the Plan is no longer subject to income tax examinations for year prior to August 31, 2011.

NOTE G - 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 H - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 10, 2015, the date which the financial statements were available to be issued. No events have occurred which would have a material effect on the financial statements of the Company as of that date.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

BOWSER-MORNER, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN

For the year ended August 31, 2014

E.I. 31-0579112

PLAN #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(A)	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(D) Cost	(E) Current Value
	Metlife	Stable Value I	698,148	714,282
	American	Mutual Fund Class R-6	1,059,419	1,220,156
	Columbia	Mid Cap Index Fund Class Z	302,199	351,046
	Vanguard	International Growth Admiral	236,999	274,812
	Vanguard	500 Index Signal	1,275,545	1,557,087
	Vanguard	Total Bond Market Index Signal	560,702	576,118
	Vanguard	Total Stock Market Index Signal	86,204	99,470
	Vanguard	Growth Index Signal	1,147,904	1,430,621
	Vanguard	Small Capital Growth Index	751,641	872,295
	Portfolio Acct Svc	Aggressive Fund	934,490	1,084,274
	Portfolio Acct Svc	Conservative Fund	1,018,672	1,089,446
	Portfolio Acct Svc	Moderate Fund	1,958,174	2,150,300
	Portfolio Acct Svc	Moderate Aggressive Fund	1,062,890	1,249,079
	Portfolio Acct Svc	Moderate Conservative Fund	107,979	121,039
	DFA	US Targeted Value	484,039	558,313
	DFA	International Value	612,008	683,103
	Participant loans	4.25% - 8.00%	0	181,798
			12,297,013	14,213,239

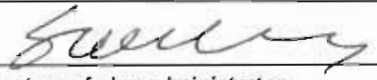
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(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
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>09/01/2013</u> and ending <u>08/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report; ☐ the final 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 BOWSER-MORNER INC SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/23/1967
2a Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan) BOWSER-MORNER INC P O BOX 51 DAYTON OH 45401-0051	2b Employer Identification Number (EIN) 31-0579112 2c Sponsor's telephone number 937-236-8805 2d Business code (see instructions) 541380

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		<u>6-10-15</u>	SCOTT KINNEY
	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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BOWSER-MORNER INC

P O BOX 51

DAYTON

OH 45401-0051

3b Administrator's EIN
31-0579112

3c Administrator's telephone
number
937-236-8805

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

5 114

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 91

b Retired or separated participants receiving benefits

6b 1

c Other retired or separated participants entitled to future benefits

6c 14

d Subtotal. Add lines 6a, 6b, and 6c

6d 106

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e 2

f Total. Add lines 6d and 6e

6f 108

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g 108

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 Characteristic Codes in the instructions:

2E 3D

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(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) ☐ 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) ☒ H (Financial Information)
(2) ☐ I (Financial Information - Small Plan)
(3) ☐ A (Insurance Information)
(4) ☒ C (Service Provider Information)
(5) ☐ D (DFE/Participating Plan Information)
(6) ☐ G (Financial Transaction Schedules)

PARTY IN INTEREST -
IDENTITY - AMERICAN
DESCRIPTION - MUTUAL FUND CLASS R6
COST - 1059419
CURRENT VALUE - 1220156

PARTY IN INTEREST -
IDENTITY - COLUMBIA
DESCRIPTION - MID CAP INDEX FD CLZ
COST - 302199
CURRENT VALUE - 351046

PARTY IN INTEREST -
IDENTITY - DFA
DESCRIPTION - INTERNATIONAL VALUE
COST - 612008
CURRENT VALUE - 683103

PARTY IN INTEREST -
IDENTITY - DFA
DESCRIPTION - US TARGETED VALUE
COST - 484039
CURRENT VALUE - 558313

PARTY IN INTEREST -
IDENTITY - METLIFE
DESCRIPTION - STABLE VALUE I
COST - 698148
CURRENT VALUE - 714282

PARTY IN INTEREST -
IDENTITY - PARTICIPANT LOANS
DESCRIPTION - 4.25% - 8.00%
COST - 0
CURRENT VALUE - 181798

PARTY IN INTEREST -
IDENTITY - PORTFOLIO ACCT SVC
DESCRIPTION - AGGRESSIVE FUND
COST - 934490
CURRENT VALUE - 1084274

PARTY IN INTEREST -
IDENTITY - PORTFOLIO ACCT SVC
DESCRIPTION - CONSERVATIVE FUND
COST - 1018672
CURRENT VALUE - 1089446

PARTY IN INTEREST -
IDENTITY - PORTFOLIO ACCT SVC
DESCRIPTION - MODERATE FUND
COST - 1958174
CURRENT VALUE - 2150300

PARTY IN INTEREST -
IDENTITY - PORTFOLIO ACCT SVC
DESCRIPTION - MODERATE AGGRESSIVE
COST - 1062890
CURRENT VALUE - 1249079

PARTY IN INTEREST -
IDENTITY - PORTFOLIO ACCT SVC
DESCRIPTION - MODERATE CONSERVATIV
COST - 107979
CURRENT VALUE - 121039

PARTY IN INTEREST -
IDENTITY - VANGUARD INDEX
DESCRIPTION - SMALL CAPITAL GROWTH
COST - 751641
CURRENT VALUE - 872295

PARTY IN INTEREST -
IDENTITY - VANGUARD SIGNAL
DESCRIPTION - GROWTH INDEX
COST - 1147904
CURRENT VALUE - 1430621

PARTY IN INTEREST -
IDENTITY - VANGUARD SIGNAL
DESCRIPTION - 500 INDEX
COST - 1275545
CURRENT VALUE - 1557087

PARTY IN INTEREST -
IDENTITY - VANGUARD SIGNAL
DESCRIPTION - TOTAL BOND MKT INDX
COST - 560702
CURRENT VALUE - 576118

PARTY IN INTEREST -
IDENTITY - VANGUARD SIGNAL
DESCRIPTION - TOTAL STOCK MKT INDX
COST - 86204
CURRENT VALUE - 99470

PARTY IN INTEREST -
IDENTITY - VANGUARD
DESCRIPTION - INTRNTL GRWTH ADMRL
COST - 236999
CURRENT VALUE - 274812