

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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>E.L. FARMER & CO. 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">002</div>	
	1c Effective date of plan <u>07/01/2003</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>E.L. FARMER & CO.</u> <u>3800 E 42ND ST 417</u> <u>ODESSA, TX 79762</u>	2b Employer Identification Number (EIN) <u>75-0780239</u>	2c Plan Sponsor's telephone number <u>514-331-4077</u>	2d Business code (see instructions) <u>484110</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.	07/29/2015	LORETTA PIPKIN
	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		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	176
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	176
a(2) Total number of active participants at the end of the plan year		6a(2)	114
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	23
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	70
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	85
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
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) ☒ Trust		(3) ☒ 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) ☒ R (Retirement Plan Information)		(1) ☒ 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) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
--	---	---

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

A Name of plan E.L. FARMER & CO. 401K PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 E.L. FARMER & CO.	D Employer Identification Number (EIN) 75-0780239	

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	336875-01	18	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
661	0

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

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

MMC SECURITIES CORP
111 SW COLUMBIA ST STE 500
PORTLAND, OR 97201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
661			3

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	77430
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	0
---	-----------	---

c Additions: (1) Contributions deposited during the year.....	7c(1)	114203	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	998	
(4) Transferred from separate account.....	7c(4)	103966	
(5) Other (specify below)	7c(5)	7611	
▶ LOAN PAYMENTS			

(6) Total additions.....	7c(6)	226778
--------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	226778
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	45919	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	103429	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	149348
---------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	77430
---	-----------	-------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>E.L. FARMER & CO. 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E.L. FARMER & CO.</u>	D Employer Identification Number (EIN) <u>75-0780239</u>

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

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

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

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

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

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

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

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

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

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

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

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

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)

MMC SECURITIES CORP

1166 AVE OF THE AMERICAS 22ND FL
NEW YORK, NY 10036

(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?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	10138	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	8364	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MMC SECURITIES CORP	55	10138

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
E.L. FARMER & CO. 401K PLAN

B Three-digit plan number (PN)	►	002
--	---	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
E.L. FARMER & CO.

D Employer Identification Number (EIN)
75-0780239

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **HARTFORD ADVANTAGE TK**

b Name of sponsor of entity listed in (a): HARTFORD LIFE INS CO

c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SEPARATE ACCOUNT K**

b Name of sponsor of entity listed in (a): HARTFORD LIFE INS CO

c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>E.L. FARMER & CO. 401K PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E.L. FARMER & CO.</u>		D Employer Identification Number (EIN) <u>75-0780239</u>

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	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	0
(2) Participant contributions.....	1b(2)	0
(3) Other.....	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0
(2) U.S. Government securities	1c(2)	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	0
(B) All other	1c(3)(B)	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	0
(B) Common.....	1c(4)(B)	0
(5) Partnership/joint venture interests	1c(5)	0
(6) Real estate (other than employer real property).....	1c(6)	0
(7) Loans (other than to participants)	1c(7)	0
(8) Participant loans.....	1c(8)	0
(9) Value of interest in common/collective trusts	1c(9)	0
(10) Value of interest in pooled separate accounts	1c(10)	1080009
(11) Value of interest in master trust investment accounts	1c(11)	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	101096
(15) Other.....	1c(15)	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1181105	1264537

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1181105	1264537
---	-----------	---------	---------

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)	46415	
(B) Participants	2a(1)(B)	139280	
(C) Others (including rollovers)	2a(1)(C)	47150	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		232845
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	998	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		998
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	98579	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		98579
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-14884
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		317538

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	214250	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		214250
f Corrective distributions (see instructions).....	2f		11492
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	8364	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8364
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		234106

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		83432
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: RANDY SILHAN CPA,CFE

(2) EIN: 26-2515308

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.)	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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>E.L. FARMER & CO. 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E.L. FARMER & CO.</u>	D Employer Identification Number (EIN) <u>75-0780239</u>

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	<u>0</u>
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): <u>84-1455663</u>		
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 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): _____

E.L. FARMER AND COMPANY 401(K) PLAN

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2014 and 2013

E.L. FARMER AND COMPANY 401(K) PLAN

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedules:	
Schedule of Delinquent Participant Contributions	15
Schedule of Assets (Held at End of Year)	16
Schedule of Reportable Transactions	17

RANDY SILHAN, CPA, CFE
CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FRAUD EXAMINER
2817 JBS PARKWAY – SUITE C-202
ODESSA, TEXAS 79762

Office: (432) 580-0204 x206
Cell: (432) 557-2626
Fax: (432) 337-0014
E-mail: rsilhan@grandecom.net

INDEPENDENT AUDITOR’S REPORT

To the Plan Administrator and Management of the E.L. Farmer and Company 401(k) Plan:

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the E.L. Farmer and Company 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then 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 misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on these financial statements based on conducting my audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Great West Trust Company, LLC and Great West Life and Annuity Insurance Company “Great West” and Mass Mutual Life Insurance Company (Mass Mutual), the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. I have been informed by the plan administrator that Great West held the Plan’s investment assets and executed investment transactions as of and for the year ended December 31, 2014, and that Mass Mutual Life held the Plan’s investment assets and executed investment transactions as of and for the year ended December 31, 2013. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year, schedule of delinquent contributions, and schedule of reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are 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, it is inappropriate to and I 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 custodians, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

A handwritten signature in black ink, reading "Randy L. Hume, CPA". The signature is written in a cursive, flowing style.

Odessa, Texas
July 23, 2015

E.L. FARMER AND COMPANY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Participant-directed investments, at fair value	\$ <u>1,264,537</u>	\$ <u>1,186,734</u>
TOTAL ASSETS	\$ <u><u>1,264,537</u></u>	\$ <u><u>1,186,734</u></u>
LIABILITIES & NET ASSETS AVAILABLE FOR BENEFITS		
TOTAL LIABILITIES	\$ <u>-</u>	\$ <u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,264,537	1,186,734
Adjustment from fair value to contract value for benefit-responsive investment contract	-	(5,629)
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>1,264,537</u></u>	\$ <u><u>1,181,105</u></u>

The accompanying notes are an integral part of these financial statements

E.L. FARMER AND COMPANY 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments \$	(14,884)	\$ 223,118
Interest and dividends	99,577	7,468
Total Investment Income (Loss)	<u>84,693</u>	<u>230,586</u>
Contributions:		
Participants	139,280	151,786
Employer	46,415	53,125
Rollovers	47,150	4,163
Total Contributions	<u>232,845</u>	<u>209,074</u>
TOTAL ADDITIONS	<u>317,538</u>	<u>439,660</u>
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits & distributions	225,742	158,830
Administrative fees	8,364	4,966
TOTAL DEDUCTIONS	<u>234,106</u>	<u>163,796</u>
NET INCREASE (DECREASE)	<u>83,432</u>	<u>275,864</u>
NET ASSETS AVAILABLE FOR		
BENEFITS:		
Beginning of the Year	<u>1,181,105</u>	<u>905,241</u>
End of the Year	<u><u>\$ 1,264,537</u></u>	<u><u>\$ 1,181,105</u></u>

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

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1: DESCRIPTION OF PLAN

The following description of the E.L. Farmer and Company 401(k) Plan (the Plan) provides only general information. The plan is sponsored by E.L. Farmer and Company, (the Company or Employer), a wholly-owned subsidiary of JCF, Inc. Effective August 20, 2013, the parent company sold all of its stock shares to TFI Holdings USA, Inc. No changes were made to the Company or the Plan as a result of this sale. Effective January 1, 2014, Great West Life and Annuity Insurance Company and Great West Trust Company, LLC (Great West) was named as the directed custodian and record-keeper for the Plan. Consequently, all Plan assets were transferred to Great West as of that date. In conjunction with the transfer, Plan investments were either mapped to the same mutual fund type or a similar fund with comparable investment strategies with Great West.

The custodian of the plan's assets for 2013 was Massachusetts Mutual Life Insurance Company. Effective January 1, 2013, Massachusetts Mutual Life Insurance Company ("MassMutual") acquired The Hartford's Retirement Plans Group ("RPG") business. MassMutual has no affiliation, and the RPG business no longer has 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 in connection with the RPG business. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution benefit plan covering eligible employees as defined in the plan document. To become a participant in the plan, an employee must be 21 years old and is eligible to contribute to the plan after six months of service. Enrollment dates are semi-annually on January 1 and July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and regulations issued by the Department of Labor. This plan is not integrated with Social Security. The Plan is amended annually to conform to current rules and regulations under ERISA.

Contributions

Eligible employees may contribute up to \$17,500 for both 2014 and 2013; participants age 50 and over may contribute up to an additional \$5,500 as "catch-up" contributions for each of those years. The Company permits rollover contributions into the Plan. The Company made discretionary matching contributions of 35% of employee contributions in 2014 and 2013. The Company may also make discretionary profit sharing contributions and Qualified Non-Elective Contributions.

Participant Accounts

The Plan allows participants to choose their investments from several investment options. Each participant's account is managed by the Plan and credited with (a) the participant's contributions, (b) company matching contributions and (c) allocation of Plan earnings, and (d) charged with an allocation of administrative expenses. The earnings allocated to a participant are based on the performance of the investments selected by the participant. The benefit to which a participant is entitled is the vested balance in the participant's account. The Plan currently offers several investments in mutual funds and a Key Guaranteed Portfolio Fund sponsored by Great West.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1: DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service (20% per year after the second year of credited service). A participant immediately becomes 100% vested upon death, disability, or attainment of normal retirement age (65).

Notes Receivable from Participants

The Plan does not permit loans to participants.

Payment of Benefits.

Upon retirement, death, disability, or termination of employment, a participant (or beneficiary, if applicable) may receive a lump-sum distribution. Neither in-service distributions nor hardship distributions are permitted by the Plan.

Forfeitures.

Forfeitures are the non-vested portion of the employer matching contributions of a terminated participant's account balance. These may be used to reduce matching contributions or to pay administrative expenses of the Plan. Forfeitures totaled \$7,611 in 2014 and \$12,750 in 2013. Forfeited non-vested account balances totaled \$8,208 and \$2,870 as of December 31, 2014 and 2013, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting. As described in FASB ASC 962-325-35-5 through 35-12, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets at the date of the financial statements and the reported amounts of revenues and expense during the reporting period. Actual results may 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. See Note 3 for discussion of fair value measurements.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

The net appreciation (depreciation) in fair value of investments is reported in the statement of changes in net assets available for benefits and consists of realized and unrealized gains and losses. Realized gains and losses on the disposal of securities are determined on the average cost basis of securities sold. Unrealized gains and losses are determined on the cost basis of securities held at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Operating expenses

The Plan sponsor absorbs the significant operating expenses associated with administering the plan. Administrative expenses incurred in the administration of the Plan, to the extent not paid by the plan sponsor, are charged to and paid from the Plan's assets. Administrative expenses are recorded when incurred. Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents and record keeper as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

Under Great West in 2014, identifiable expenses totaled \$8,364. These were comprised of annual asset fee charges of .88% plus other withdrawal charges of \$800. Each investment option has an investment management fee that varies by investment option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for trading of securities within the investment options and other management expenses. Funds may impose redemption fees on certain transfers, redemptions or exchanges. Asset allocation funds are generally subject to a fund operating expense at the fund level, as well as prorated fund operating expenses of each underlying fund in which they invest. Funds are subject to the risks of the underlying funds. There may be a recordkeeping or administrative fee for investing in certain investment options. Gross/net investment expense fees ranged from .6% to 1.28% for the investment options offered by Great West. Participants should review each fund's prospectus and also their 401k enrollment guide provided by the employer for more information regarding investment fees.

Under Mass Mutual in 2013, these fees were under a revenue sharing arrangement based on the average balances of the Plan's investments. These underlying fees were approximately 2.10% of the Plan's investments in 2013.

Payment of Benefits

Benefits are accounted for when paid.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement: Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its equivalent)*. The ASU removes the requirement to categorize these investments within the fair value hierarchy and also removes the requirement to make certain disclosures. The ASU is effective for fiscal years beginning after December 15, 2015. Management is evaluating the impact of the adoption of this ASU on the Plan financial statements.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. 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.

Fair value measurement accounting literature establishes a hierarchy that prioritizes 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 are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 and Level 3 inputs were only used when Level 1 inputs were not available.

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

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.

Great West – Key Guaranteed Portfolio Fund

The reported values for fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. The Key Guaranteed Portfolio Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value which approximates contract value.

Mass Mutual – Pooled Separate Accounts

The pooled separate accounts are fall into this category as they are accounts that consist of the assets of two or more participating entities and are maintained for the collective investment and reinvestment of assets contributed thereto. The underlying investments of the PSAs consist of shares of mutual funds that are valued at the net asset value (NAV) of shares held by the Plan at year-end.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Mass Mutual group annuity contract (fixed income account) is not actively traded and significant other observable inputs are not available. Quantitative information about the significant unobservable inputs is as follows: The fair value of the group annuity contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. Specifically, fair value is determined by application of the market value adjustment factor under Option B under Section F(1)(b) of the Fixed Income Account Rider under the Group Annuity Contract. The market value adjustment factor formula under the Contract that governs the calculation includes variable components. The declared interest rate for the Fixed Income Account was 3% for 2013.

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

<u>December 31, 2014</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds				
Growth	\$ 453,441	\$ 453,441	\$ -	\$ -
Blend	377,551	377,551	-	-
Value	301,867	301,867	-	-
Bonds	54,248	54,248	-	-
Key Guaranteed Portfolio Fund	77,430	-	77,430	-
	<u>\$ 1,264,537</u>	<u>\$ 1,187,107</u>	<u>\$ 77,430</u>	<u>\$ -</u>
<u>December 31, 2013</u>				
Pooled Separate Accounts*				
Specialty	\$ 129,359	\$ -	\$ 129,359	\$ -
International	53,319	-	53,319	-
Mid Cap	227,711	-	227,711	-
Large Cap	336,171	-	336,171	-
Balanced	303,227	-	303,227	-
Bonds	30,222	-	30,222	-
Fixed Income Account	106,725	-	-	106,725
	<u>\$ 1,186,734</u>	<u>\$ -</u>	<u>\$ 1,080,009</u>	<u>\$ 106,725</u>
*classified by underlying mutual funds				

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The following tables reconcile the beginning and ending balances of fair value measurements using Level 3 inputs of the group annuity contract:

December 31, 2014	Group Annuity Contract
Beginning balance	\$ 106,725
Transfer to Key Guaranteed Portfolio Fund	(106,725)
Ending Balance	<u>\$ -</u>
December 31, 2013	Group Annuity Contract
Beginning balance	\$ 58,747
Unrealized gains	5,629
Purchases	42,052
Sales	(7,171)
Interest earnings	7,468
Ending Balance	<u>\$ 106,725</u>

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2013 are reported in net appreciation in fair value of investments. Unrealized gains/(losses) from the fixed income account are not reported in the statement of changes in net assets available for benefits as the contract is recorded at contract value for presentation in the net assets available for benefits.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. The Mass Mutual Fixed Income Account (Level 3) was transferred to the Key Guaranteed Portfolio Fund (Level 2) upon the transfer of plan assets from Mass Mutual to Great West effective January 1, 2014. There were no significant transfers during 2013.

NOTE 4: INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS

The following individual investments represent five percent (5%) or more of the Plan's net assets as calculated at December 31:

		2014
T. Rowe Price Retirement Balanced Adv	Mutual Fund	\$ 343,056
Great-West T. Rowe Price Eq Inc Fund	Mutual Fund	230,969
Great-West T. Rowe Price Midcap Gr Fnd	Mutual Fund	145,591
Great-West American Century Gr. Fund	Mutual Fund	137,104
Ridgeworth Midcap Value Equity I	Mutual Fund	69,227
		2013
Fixed Income Account	Hartford Group Annuity Contract	\$ 106,725
Hartford MidCap HLS	Pooled Separate Account	158,065
American Funds Growth Fund	Pooled Separate Account	120,463
American Funds Washington Mutual	Pooled Separate Account	83,340
Eaton Vance WW Health Sciences	Pooled Separate Account	82,263
Franklin Templeton Conservative Allocation	Pooled Separate Account	80,104
Blackrock Global Allocation	Pooled Separate Account	75,127
American Funds American Mutual	Pooled Separate Account	69,712
American Funds American Balanced	Pooled Separate Account	63,126

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 4: INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS (continued)

Net appreciation (depreciation) in the fair value of pooled separate accounts totaled \$(14,884) in 2014 and \$223,118 in 2013.

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) were obtained from data that has been prepared and certified to as complete and accurate by the custodian as of December 31:

<u>Investments, at fair value:</u>	<u>2014</u>
Mutual funds	\$1,187,107
Key Guaranteed Portfolio Fund	77,430
Interest & dividends	99,577
Net appreciation (depreciation) in fair value of investments	(14,884)

<u>Investments, at fair value:</u>	<u>2013</u>
Pooled Separate Accounts (mutual funds)	\$1,080,009
Group Annuity Contract (fixed income account)	106,725
Interest & dividends	7,468
Net appreciation (depreciation) in fair value of investments	223,118

NOTE 6: PARTIES-IN-INTEREST

Certain Plan investments are managed by the plan custodians, Great West in 2014 and Mass Mutual in 2013. Because the Plan pays certain fees to these custodians, these transactions qualify as party-in-interest transactions. Additionally, since the Company is the Plan sponsor, the Company's payment of certain administrative expenses on behalf of the Plan constitutes party-in-interest transactions. In each case, these are exempt party-in-interest transactions under ERISA.

NOTE 7: 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 so as to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 8: INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter that by adopting a prototype standardized profit sharing plan, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and are not subject to tax under present regulations. The Company itself has not applied for tax exemption status for the Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 8: INCOME TAX STATUS (continued)

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 progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in investment securities that 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. Economic conditions affecting the labor market also have a direct effect on the Plan. The availability of jobs directly affects the number of participants enrolling in the Plan and therefore directly affects the Plan's existence.

NOTE 10: GROUP ANNUITY CONTRACTS

Upon transferring the plan's assets to Great West, effective January 1, 2014, the Plan established a group annuity contract with Great-West Life & Annuity Insurance Company ("Great-West") that invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract since the contract was determined to be fully benefit-responsive. The contract is included in the financial statements at fair value which approximates contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The reported values for fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. The significant inputs are generally considered obtainable/observable through the review of existing contracts and readily available financial information of the issuing financial institutions; therefore the investment is classified as a Level 2 input. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the fund at December 31, 2014 was \$77,430. The crediting interest is based on a formula agreed upon with the issuer but may not be less than zero%. Such interest rates are reviewed on a quarterly basis for resetting.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 10: GROUP ANNUITY CONTRACTS (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following:

(a) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The average yield earned by the plan for the benefit responsive fund can be derived by averaging the quarterly gross interest rates for the fund over the year. The average for 2014 is 1.25%. The actual average yield earned by the plan for the benefit responsive fund - this can be derived by averaging the plan's quarterly interest rates. That average for 2014 is 1.25%.

In 2013, the Plan had a benefit-responsive investment contract with Mass Mutual, whereby Mass Mutual maintains the contributions in a Fixed Income Account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The crediting interest rate is based on a formula agreed upon with the issuer, but cannot be less than the declared interest rate. Such interest rates are reviewed periodically for resetting. The declared interest rate for the Fixed Income Account was 3.00% for 2013.

The contract includes a market value adjustment factor (MVA). The MVA is intended to make up certain losses for having to prematurely sell the investments that support the guaranteed rates. The MVA reflects the interest rates prevailing at the time of early withdrawal. The MVA may reduce or add to the amount received upon surrender. The MVA is designed to compensate for potential lost investment opportunities associated with premature surrenders. Various fixed income investments and hedging strategies are utilized to support guaranteed interest rates.

Certain events, would limit the Plan's ability to transact at contract value. Such events include but may not be limited to the following: 1) temporary absence; 2) change in position or other occurrence qualifying as a temporary break in service under the Plan; 3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; or, 4) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business. The Plan administrator believes the occurrence of any such events that would limit the Plan's ability to transact at contract value with Plan participants is not likely.

E.L. FARMER AND COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 11: DELINQUENT PARTICIPANT CONTRIBUTIONS

As reported on the supplemental Schedule H, Line 4a—Schedule of Delinquent Participant Contributions, one employee's deferral in the amount of \$14 was not remitted to the Plan trustee within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting a nonexempt transaction in 2014. The Company remitted the deferrals to the Plan in May 2014 to fully correct the delinquent contributions under the Voluntary Fiduciary Correction Program.

NOTE 12: SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 22, 2015, the date which the financial statements were available to be issued. The Plan was restated February 26, 2015 to change the trustee of the Plan from an individual trustee to Great West Trust Company, LLC, a corporate trustee. No other significant subsequent events have occurred that would require disclosure in the notes or recognition in the financial statements.

SUPPLEMENTAL SCHEDULES

E.L. Farmer and Company 401(K) Plan
75-0780239
Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
Plan #002
December 31, 2014

Participant contributions transferred late to the Plan	\$	14
Participant loan repayments transferred late to the Plan	\$	-
Total that constitute nonexempt prohibited transactions	\$	14
- Contributions not corrected		None
- Contributions corrected outside VFCP		None
- Contributions pending correction in VFCP		None
Total fully corrected under VFCP and PTE 2002-51	\$	14

See independent auditor's report.

E.L. Farmer and Company 401(K) Plan
75-0780239
Form 5500, Schedule H, Part IV, Line 4i
Plan #002
Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	AMERICAN FUNDS EUROPACIFIC GR R3	Mutual fund	n/a	\$ 33,864
	DFA EMERGING MARKETS CORE EQUITY I	Mutual fund	n/a	1,134
	DREYFUS MID CAP INDEX FUND	Mutual fund	n/a	84
	DREYFUS SMALL CAP STOCK INDEX FUND	Mutual fund	n/a	229
*	GREAT-WEST AMERICAN CENTURY GR FUND I	Mutual fund	n/a	137,104
*	GREAT-WEST BOND INDEX FUND I	Mutual fund	n/a	1,569
*	GREAT-WEST LOOMIS SAYLES BOND FUND I	Mutual fund	n/a	22,036
*	GREAT-WEST T ROWE PRICE MIDCAP GR FUND I	Mutual fund	n/a	145,591
*	GREAT-WEST T. ROWE PRICE EQ INC FUND I	Mutual fund	n/a	230,969
	JPMORGAN US EQUITY A	Mutual fund	n/a	24,152
	LOOMIS SAYLES SMALL CAP GROWTH RETAIL	Mutual fund	n/a	18
	LORD ABBETT VALUE OPPORTUNITIES I	Mutual fund	n/a	234
	MFS INTERNATIONAL VALUE R3	Mutual fund	n/a	303
	OPPENHEIMER GLOBAL Y	Mutual fund	n/a	129,308
	PIMCO TOTAL RETURN ADMIN	Mutual fund	n/a	30,643
	RIDGEWORTH MID-CAP VALUE EQUITY I	Mutual fund	n/a	69,227
	T. ROWE PRICE RETIREMENT 2015	Mutual fund	n/a	1,231
	T. ROWE PRICE RETIREMENT 2025 ADV	Mutual fund	n/a	1,485
	T. ROWE PRICE RETIREMENT 2030 ADV	Mutual fund	n/a	4,177
	T. ROWE PRICE RETIREMENT 2035 ADV	Mutual fund	n/a	2,664
	T. ROWE PRICE RETIREMENT 2040 ADV	Mutual fund	n/a	2,867
	T. ROWE PRICE RETIREMENT 2045 ADV	Mutual fund	n/a	1,295
	T. ROWE PRICE RETIREMENT 2050 ADV	Mutual fund	n/a	1,506
	T. ROWE PRICE RETIREMENT 2055 ADV	Mutual fund	n/a	1,647
	T. ROWE PRICE RETIREMENT BALANCED ADV	Mutual fund	n/a	343,056
	T. ROWE PRICE SMALL CAP STOCK - ADV	Mutual fund	n/a	241
	VANGUARD 500 INDEX ADMIRAL	Mutual fund	n/a	473
	Total Mutual funds		n/a	1,187,107
*	KEY GUARANTEED PORTFOLIO FUND	Group Annuity Contract	n/a	77,430
		Total	\$ n/a	\$ 1,264,537

* Represents parties-in-interest

Column (d) does not apply as all investments are participant-directed.

See independent auditor's report

E.L. Farmer and Company 401(K) Plan
75-0780239
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
Plan #002
December 31, 2014

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(e) Cost of asset (basis)	(e) Current value of asset on transaction date	(e) Net gain or loss
*	T. Rowe Price Retirement Balanced Adv - 24,270 sh	\$ 357,509	n/a	n/a	n/a	\$ 357,509	\$ 357,509	-
*	Oppenheimer Global Y - 1,225 sh	95,283	n/a	n/a	n/a	95,283	95,283	-
*	Great West T. Rowe Price Midcap Gr Fund - 7,231 sh	158,065	n/a	n/a	n/a	158,065	158,065	-
*	Ridgeworth Midcap Value Equity I - 5,155 sh	69,595	n/a	n/a	n/a	69,595	69,595	-
*	Great West American Century Gr Fund - 9,746 sh	120,463	n/a	n/a	n/a	120,463	120,463	-
*	Great West T. Rowe Price Eq Inc Fund - 10,157 sh	199,274	n/a	n/a	n/a	199,274	199,274	-
*	Key Guaranteed Portfolio Fund - 111,577 units	111,577	n/a	n/a	n/a	98,225	98,225	-

* These purchases were made by the plan administration as part of the mapping of new funds purchases upon transferring assets to Great West from Mass Mutual.

See independent auditor's report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.L. Farmer Co. 401k plan
01-JAN-14 to 31-DEC-14

03-FEB-15 12:22:00

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARHX			341,697.43	343,056.57
IPARHX			1,261.48	1,231.14
IPARJX			1,525.12	1,484.93
IPARCX			4,232.51	4,176.62
IPARKX			2,681.06	2,664.48
IPARDX			2,896.32	2,867.47
IPARLX			1,304.19	1,294.60
IPARFX			1,519.64	1,505.94
IPAROX			1,660.38	1,647.56
192AFEP			34,850.79	33,863.63
IDFCEX			1,195.88	1,133.78
IMINGX			308.14	303.16
IOGLYX			132,501.90	129,308.10
IDISSX			233.54	228.52
ILCGRX			20.11	18.44
IPASSX			241.88	240.53
IPESPX			81.82	84.23
IMGRXTM			145,648.56	145,590.57
ILVOYX			246.52	233.68
ISMVTX			68,444.77	69,226.87
IMXGRX			149,591.08	137,104.41
180TEIX			236,166.35	230,968.88
IJUEAX			23,678.50	24,152.19
IYETAX			455.16	472.64
IBIMXBI			1,560.85	1,569.38
IBMSXLC			23,129.37	22,036.21
IPTRAX			30,868.90	30,642.70
IKGPF	1.200		68,446.01	69,222.28
FOREFEITURES			1,276,448.26	1,256,329.51
			8,147.81	8,207.71

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.L. Farmer Co. 401k plan
01-JAN-14 to 31-DEC-14

03-FEB-15 12:22:00

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
INVESTMENT OPTION:				
IPARIX	T. Rowe Price Retirement Balanced Adv	IPARHX	T. Rowe Price Retirement 2015 Adv	
IPARJX	T. Rowe Price Retirement 2025 Adv	IPARCX	T. Rowe Price Retirement 2030 Adv	
IPARKX	T. Rowe Price Retirement 2035 Adv	IPARDX	T. Rowe Price Retirement 2040 Adv	
IPARLX	T. Rowe Price Retirement 2045 Adv	IPARFX	T. Rowe Price Retirement 2050 Adv	
IPAROX	T. Rowe Price Retirement 2055 Adv	I92AFEP	American Funds EuroPacific Gr R3	
IDFCEX	DFA Emerging Markets Core Equity I	IMINGX	MFS International Value R3	
IOGLYX	Oppenheimer Global Y	IDISSX	Dreyfus Small Cap Stock Index Fund	
ILCGRX	Loomis Sayles Small Cap Growth Retail	IPASSX	T. Rowe Price Small Cap Stock - Adv	
IPESPX	Dreyfus Mid Cap Index Fund	IMGRXTM	Great-West T Rowe Price MidCap Gr Fund I	
ILVOYX	Lord Abbot Value Opportunities I	ISMVTX	RidgeWorth Mid-Cap Value Equity I	
IMXGRX	Great-West American Century Gr Fund I	180TEIX	Great-West T. Rowe Price Eq Inc Fund I	
IJUEAX	JPMorgan US Equity A	1VFILAX	Vanguard 500 Index Admiral	
IBIMXBI	Great-West Bond Index Fund I	IBMSXLC	Great-West Loomis Sayles Bond Fund I	
IPTRAX	PIMCO Total Return Admin	1KGPFF	Key Guaranteed Portfolio Fund	

LEGEND

INVESTMENT OPTION:

IPARIX	T. Rowe Price Retirement Balanced Adv	IPARHX	T. Rowe Price Retirement 2015 Adv
IPARJX	T. Rowe Price Retirement 2025 Adv	IPARCX	T. Rowe Price Retirement 2030 Adv
IPARKX	T. Rowe Price Retirement 2035 Adv	IPARDX	T. Rowe Price Retirement 2040 Adv
IPARLX	T. Rowe Price Retirement 2045 Adv	IPARFX	T. Rowe Price Retirement 2050 Adv
IPAROX	T. Rowe Price Retirement 2055 Adv	I92AFEP	American Funds EuroPacific Gr R3
IDFCEX	DFA Emerging Markets Core Equity I	IMINGX	MFS International Value R3
IOGLYX	Oppenheimer Global Y	IDISSX	Dreyfus Small Cap Stock Index Fund
ILCGRX	Loomis Sayles Small Cap Growth Retail	IPASSX	T. Rowe Price Small Cap Stock - Adv
IPESPX	Dreyfus Mid Cap Index Fund	IMGRXTM	Great-West T Rowe Price MidCap Gr Fund I
ILVOYX	Lord Abbot Value Opportunities I	ISMVTX	RidgeWorth Mid-Cap Value Equity I
IMXGRX	Great-West American Century Gr Fund I	180TEIX	Great-West T. Rowe Price Eq Inc Fund I
IJUEAX	JPMorgan US Equity A	1VFILAX	Vanguard 500 Index Admiral
IBIMXBI	Great-West Bond Index Fund I	IBMSXLC	Great-West Loomis Sayles Bond Fund I
IPTRAX	PIMCO Total Return Admin	1KGPFF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year