

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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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>VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/01/1996</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PARKER HANNIFIN CORP.</u> <u>1210 GARDEN OF THE GODS RD.</u> <u>COLORADO SPRINGS, CO 80907-3410</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0451060</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>719-528-7217</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0451060</u>	2c Plan Sponsor's telephone number <u>719-528-7217</u>	2d Business code (see instructions) <u>333900</u>	
2b Employer Identification Number (EIN) <u>34-0451060</u>					
2c Plan Sponsor's telephone number <u>719-528-7217</u>					
2d Business code (see instructions) <u>333900</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>07/31/2015</u>	<u>TERESA KAMSTRA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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	160
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)	131
a(2) Total number of active participants at the end of the plan year		6a(2)	126
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	28
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	154
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	121
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 PARKER HANNIFIN CORP.	D Employer Identification Number (EIN) 34-0451060	

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.
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1 Coverage Information:

(a) Name of insurance carrier GREATWEST LIFE & ANNUITY INSURANCE COMPANY
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(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	331262-01	41	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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

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
--

(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	

(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** 351132**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 355382**c** Additions: (1) Contributions deposited during the year **7c(1)** 267(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 4431(4) Transferred from separate account **7c(4)** 3247(5) Other (specify below) **7c(5)** 21843▶ **LOAN REPAYMENT**(6) Total additions **7c(6)** 29788**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 385170**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 23821(2) Administration charge made by carrier **7e(2)** 731(3) Transferred to separate account **7e(3)** 9486(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 34038**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 351132

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 VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 PARKER HANNIFIN CORP.	D Employer Identification Number (EIN) 34-0451060	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC

94-1737782

(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
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(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)

TRIAD ADVISORS INC.

5185 PEACHTREE PKWY 280
NORCROSS, GA 30092-6541

(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 ADVISOR	0	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	EHRHARDT, KEEFE, STEINER, & HOTTMAN	b EIN:	84-0869721
c Position:	ACCOUNTANT		
d Address:	7979 E. TUFFS AVE. SUITE 400 DENVER, CO 80237	e Telephone:	303-740-9400

Explanation: EFFECTIVE 1/1/2013, THE PLAN'S ACCOUNTING FIRM (FORMERLY ENRHARDT, KEEFE, STEINER, & HOTTMAN, PC) CHANGED THEIR NAME (NOW EKS&H LLLP) EIN (FORMALLY 84-0869721) AND ENTITY STRUCTURE. NO OTHER CHANGES WERE MADE WITHIN THE FIRM.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>VELCON FILTERS, LLC 401(K) PROFIT SHARING 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>PARKER HANNIFIN CORP.</u>		D Employer Identification Number (EIN) <u>34-0451060</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	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash	1a	180
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	655000
(8) Participant loans.....	1c(8)	150237
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6199193
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7004610	6839079

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7004610	6839079
---	-----------	---------	---------

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43419	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6575	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49994
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		47
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-404	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-404

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		322465
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		372102

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	533113	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		533113
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4520	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4520
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		537633

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-165531
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: EKS&H LLLP

(2) EIN: 46-1497033

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		15000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>VELCON FILTERS, LLC 401(K) PROFIT SHARING 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>PARKER HANNIFIN CORP.</u>	D Employer Identification Number (EIN) <u>34-0451060</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>84-1358583</u> <u>84-0467907</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
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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
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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.
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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: 0.0% 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): _____

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

**Financial Statements
and
Independent Auditors' Report
December 31, 2014 and 2013**



VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

Velcon Filters, LLC 401(k) Profit Sharing Committee
Velcon Filters, LLC 401(k) Profit Sharing Plan
Colorado Springs, Colorado

REPORT ON FINANCIAL STATEMENTS

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

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITORS' RESPONSIBILITY

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

BASIS FOR DISCLAIMER OF OPINION

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Great-West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

DISCLAIMER OF OPINION

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

OTHER MATTER

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

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

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

EKS+H LLLP
EKS&H LLLP

July 31, 2015
Denver, Colorado

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
Assets		
Cash and cash equivalents	\$ 792,891	\$ 526,856
Mutual funds	5,303,428	5,318,972
Group annuity contract	351,286	353,547
Notes receivable (other than to participants)	<u>304,000</u>	<u>655,000</u>
Total investments	<u>6,751,605</u>	<u>6,854,375</u>
Receivables		
Participant loans	<u>87,477</u>	<u>150,237</u>
Total receivables	<u>87,477</u>	<u>150,237</u>
Net assets available for benefits	<u>\$ 6,839,082</u>	<u>\$ 7,004,612</u>

See notes to financial statements.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014**

Investment income	
Net appreciation in fair value of investments	\$ 322,062
Interest and dividend income	<u>50,041</u>
Total investment income	<u>372,103</u>
Deductions	
Benefits paid to participants	533,113
Administrative fees	<u>4,520</u>
Total deductions	<u>537,633</u>
Net decrease	(165,530)
Net assets available for benefits	
Beginning of year	<u>7,004,612</u>
End of year	<u>\$ 6,839,082</u>

See notes to financial statements.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of Velcon Filters, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan administrator. Alliance Benefit Group of Houston, Inc. is the Plan administrator for the Plan year ended December 31, 2014. Great-West Life & Annuity Insurance Company ("Great-West") is the custodian of all Plan assets except for cash and cash equivalents and notes receivable (other than to participants).

General

The Plan is a defined contribution plan covering all permitted classes of employees who elect to participate, have attained at least 21 years of age, and have completed 90 days of service with Velcon Filters, LLC (the "Company"), a wholly owned subsidiary of Parker Hannifin Corporation ("Parker"). Employees may enter the Plan on the first day of a calendar quarter immediately following attainment of the eligibility requirements.

Parker is the Plan's sponsor. Effective January 1, 2013, the Plan was frozen; no additional contributions or loans are allowed, and the Plan's assets will roll into Parker's benefit plans over time. The accounts of all participants are 100% vested and nonforfeitable as of the date that the Plan was frozen.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Prior to January 1, 2013, the Plan provided for employee and employer contributions.

Participant Investment Account Options

Participants direct the investment of their contributions and rollovers from another qualified plan, as well as the Company's matching contribution, if any, into various investment options offered by the Plan. The Plan currently offers various cash and cash equivalents, mutual funds, a group annuity contract, and notes receivable (other than to participants) as investment options for participants.

Participant Accounts

Each eligible participant is credited or charged with investment earnings (losses), administrative expenses, and forfeitures of terminated participants' non-vested account balances. In addition, investment earnings (losses) are allocated based on individual account balances during the Plan year. The benefits to which a participant is entitled are the benefits that can be provided from the participant's vested account.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Participant Loans

A participant could borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loans are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% at the date of loan origination. Principal and interest is paid ratably through payroll deductions. The maximum term for these loans is five years, except for a loan to purchase a primary residence, in which case the term may be extended for a longer term. Only one loan is allowed to be outstanding at any given time. Outstanding loans entered into with the Plan mature at various dates that range from 2015 to 2021 and bear interest at rates ranging from 4.25% to 9.25%.

Vesting

Prior to January 1, 2013, the Plan provided for employer contributions that vested over time. As of January 1, 2013, all accounts became fully vested.

Payments of Benefits

If a participant's vested benefit in the Plan does not exceed \$1,000 (excluding amounts attributable to rollovers), then the participant's benefit must be distributed in a single lump-sum payment as soon as administratively feasible following the event that entitles a participant to a distribution. Otherwise, a participant must consent to the distribution before it may be made, and a participant may elect to receive a distribution as a single lump-sum payment in cash or monthly, quarterly, or annual installments over a period of not more than the participant's assumed life expectancy (or his or her beneficiary's assumed life expectancy). The Plan allows the rollover of all or a portion of the distribution to an individual retirement account, annuity, or another qualified plan.

There are rules that require that certain minimum distributions be made from the Plan. If a participant is a 5% owner, distributions are required to begin no later than the first day of April following the end of the year in which a participant reaches age 70½. If a participant is not a 5% owner, distributions are required to begin no later than the first day of April following the later of the end of the year in which a participant reaches age 70½ or retires.

A participant may receive a distribution from the Plan prior to his or her termination of employment if he or she satisfies certain conditions described in the Plan document. A participant is limited to one in-service distribution in any Plan year. The Plan also allows distributions in the event of financial hardship. Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition

Investments are recorded 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.

Cash and cash equivalents are valued at cost, which approximates fair value.

Mutual funds are valued using quoted prices for identical assets that are directly observable in the marketplace as of the report date.

Investments in the group annuity contract are stated at estimated fair value, which is the liquidation value based on a pro rata share of the market value of the underlying investments held in the separate account.

The fair value of notes receivable (other than to participants) is determined based upon the present value of estimated future cash flows.

There were no changes to the valuation techniques used during the period.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation reflected in the statement of changes in net assets available for benefits includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Administrative Fees

Administrative fees may be paid by the Company or the Plan, at the Company's discretion.

Risks and Uncertainties

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

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Subsequent Events

The Company has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available for issuance. There were no material subsequent events that required recognition or disclosure in the financial statements.

Note 2 - Information Certified by the Custodian

The following is a summary of the information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included in the Plan's financial statements and the supplemental schedule of assets (held at end of year) that was prepared by or derived from information provided by Great-West and furnished to the Plan administrator.

The Plan administrator has obtained a certification from Great-West that information provided to the Plan administrator by Great-West related to the following assets and activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with the respect to information that appears throughout the financial statements and the aforementioned supplemental schedule related to the following assets (held at end of year):

	December 31,	
	2014	2013
Investments at fair value		
Mutual funds and group annuity contract	\$ 5,654,714	\$ 5,672,519
Participant loans	\$ 87,477	\$ 150,237
Investment income		
Net appreciation in fair value of investments	\$ 322,062	\$ 741,406

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 3 - Investments

The following table presents the fair value of the Plan's investments (including participant-directed and non-participant-directed balances) that represent 5% or more of the Plan's net assets available for benefits:

	December 31,	
	2014	2013
Great-West Lifetime 2015 Portfolio II T1	\$ 2,341,342	\$ 2,398,871
Great-West Lifetime 2025 Portfolio II T1	\$ 1,432,455	\$ 1,322,416
Schwab Money Market Fund	\$ 792,891	\$ 526,856
Great-West S & P 500 Index	\$ 435,787	\$ 315,161 *
Great-West Lifetime 2035 Portfolio II T1	\$ 354,364	\$ 373,243
Great-West Key Guaranteed Portfolio Fund	\$ 351,286	\$ 353,547
Prana Income Fund Ten	\$ 304,000 *	\$ 456,000

*Indicates investment is not in excess of 5% of net assets available for benefits at the respective date, presented for comparison purposes only.

The following table presents the non-participant-directed portion of the fair value of investments shown above:

	December 31,	
	2014	2013
Prana Income Fund Ten	\$ -	\$ 456,000
Prana Income Fund Nine	\$ -	\$ 199,000

Further information on non-participant-directed investments is provided in Note 4.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 4 - Non-Participant-Directed Investments

Information about the net assets and the significant components of the changes in net assets available for benefits relating to the investments not directed by participants is as follows:

	December 31,	
	2014	2013
Net assets		
Notes receivable (other than to participants)	\$ 304,000	\$ 655,000
Cash and cash equivalents	<u>792,891</u>	<u>526,856</u>
Total assets	<u>\$ 1,096,891</u>	<u>\$ 1,181,856</u>
Change in net assets available for benefits		
Beginning balance	\$ 1,181,856	\$ 1,476,203
Net dividends, interest, gains, losses, and administrative fees	(43,419)	(63,210)
Withdrawals, distributions, and transfers	<u>(41,546)</u>	<u>(231,137)</u>
Ending balance	<u>\$ 1,096,891</u>	<u>\$ 1,181,856</u>

Note 5 - Related Party and Party-in-Interest Transactions

The Plan invests in certain mutual funds and a group annuity contract managed by Great-West, the custodian of these investment assets as described in Notes 1 and 2. Transactions in such investments qualify as party-in-interest transactions, which are exempt from ERISA's prohibited transaction rules.

Note 6 - Income Taxes

On March 31, 2008, the IRS issued an opinion letter indicating that the prototype document adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code ("IRC"). Although the Plan itself has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 7 - Alternative Investments

Notes Receivable (Other than to Participants)

The Plan had notes receivable (other than to participants) of \$304,000 and \$655,000 as of December 31, 2014 and 2013, respectively, from Prana Income Funds Nine and Ten, bearing a fixed simple annual interest rate of 8% and 6%, respectively. Prana Income Fund Nine matured December 31, 2014. Prana Income Fund Ten matures on December 31, 2016. These income funds, which are managed by Prana Investments, invest in 15 to 35 residential real estate properties located in transitional, inner-city areas in New York City, San Francisco Bay Area, and Los Angeles, as well as other major U.S. cities. Some of the properties may include commercial tenants located on the ground floor, which may be an important part of the rent roll of that property. The income funds may also invest in 5 to 25 short-term mortgage loans secured by similar properties. The income funds may also organize and utilize their affiliates to acquire, finance, and sell properties.

Installment principal payments in the amount of 20% of the original principal amount are due and payable on various end-of-the-year dates specified in the promissory notes. Prepayment of principal is permitted at the discretion of the borrower. On each scheduled date for payment of an installment of principal, income funds shall also pay, in addition to the fixed interest due and payable on such date, any contingent interest that has been earned or is estimated to be earned with respect to the principal amount of the promissory note paid at such time. Certain contingent interest shall be payable by the income funds to the extent income funds receive net proceeds from their real properties and the mortgage loans in excess of the amounts necessary to pay the unpaid principal on the promissory notes and any accrued but unpaid fixed interest. The terms of the notes allow Prana Investments to recharacterize previously paid contingent interest as principal payments or fixed interest payments when subsequent sales generate proceeds that are not sufficient to achieve the per annum fixed interest.

This adjustment effectively recognizes, based on recent and expected future results, that too much interest was paid to note holders in prior years and rectifies the past overpayment by reclassifying some of the interest payments that should have been payments of principal. The net effect is that the remaining principal on the notes is reduced. Net proceeds are an aggregate of the proceeds from operations, sale or appreciated value of real properties, refinancing, and mortgage loans. Prana Income Fund Ten, in addition to contingent interest, may also be obligated to pay bonus-contingent interest as defined in the promissory notes.

Note 8 - Fair Value Accounting

Fair value, as defined by the relevant accounting standards, represents the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan determines the fair values of its investments based on the fair hierarchy described below:

Level 1: Quoted prices in active markets for identical assets or liabilities.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 8 - Fair Value Accounting (continued)

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets. Level 3 assets include items where the determination of fair value requires significant management judgment or estimation.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Assets measured at fair value on a recurring basis as of December 31, 2014 were as follows:

Description	Level 1	Level 2	Level 3	Total
Mutual funds				
International	\$ 223,038	\$ -	\$ -	\$ 223,038
Small-cap	22,529	-	-	22,529
Mid-cap	92,841	-	-	92,841
Large-cap	128,307	-	-	128,307
Asset allocation	4,200,585	-	-	4,200,585
Bonds	135,356	-	-	135,356
Index funds	<u>500,772</u>	<u>-</u>	<u>-</u>	<u>500,772</u>
Total mutual funds	5,303,428	-	-	5,303,428
Money market fund	792,891	-	-	792,891
Group annuity contract	-	-	351,286	351,286
Notes receivable (other than to participants)	<u>-</u>	<u>-</u>	<u>304,000</u>	<u>304,000</u>
Total	<u>\$ 6,096,319</u>	<u>\$ -</u>	<u>\$ 655,286</u>	<u>\$ 6,751,605</u>

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 8 - Fair Value Accounting (continued)

Assets at fair value on a recurring basis as of December 31, 2013 were as follows:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
International	\$ 168,032	\$ -	\$ -	\$ 168,032
Small-cap	22,279	-	-	22,279
Mid-cap	137,327	-	-	137,327
Large-cap	215,636	-	-	215,636
Asset allocation	4,187,880	-	-	4,187,880
Bonds	243,190	-	-	243,190
Index funds	<u>344,628</u>	<u>-</u>	<u>-</u>	<u>344,628</u>
Total mutual funds	5,318,972	-	-	5,318,972
Money market fund	526,856			526,856
Group annuity contract	-	-	353,547	353,547
Notes receivable (other than to participants)	<u>-</u>	<u>-</u>	<u>655,000</u>	<u>655,000</u>
Total	<u>\$ 5,845,828</u>	<u>\$ -</u>	<u>\$ 1,008,547</u>	<u>\$ 6,854,375</u>

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 8 - Fair Value Accounting (continued)

Level 3 Changes

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended December 31, 2014:

	Group Annuity Contract	Notes Receivable (Other than to Participants)	Total
Beginning balance	\$ 353,547	\$ 655,000	\$ 1,008,547
Total gains or losses (realized/unrealized)			
Included in earnings	4,249	-	4,249
Withdrawals, distributions, and transfers	-	(351,000)	(351,000)
Purchases, issuances, and settlements	(6,510)	-	(6,510)
Transfers in and/or out of Level 3	-	-	-
Ending balance	<u>\$ 351,286</u>	<u>\$ 304,000</u>	<u>\$ 655,286</u>

The fair value of the notes receivable approximates the carrying value as the interest rates on the notes receivable approximate the market rates as of December 31, 2014. The unobservable inputs in the determination of the fair value of the notes receivable are the market interest rates, which are 6% for Prana Income Fund Ten. A 10% increase in the market interest rates would result in a decrease to the fair value of the notes receivable of approximately \$45,000. A 10% decrease in the market interest rates would result in an increase to the fair value of the notes receivable of approximately \$37,000.

Note 9 - Group Annuity Contract

The Plan maintains a fully benefit-responsive investment contract with Great-West. Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

Because the 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 contract. Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less losses, participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

Note 9 - Group Annuity Contract (continued)

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract approximates contract value. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or 4) 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 the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The average yield earned by the Plan based on actual earnings was 1.25% and 1.26% for the years ended December 31, 2014 and 2013, respectively. The average yield earned by the Plan based on interest rate credited to the participants was 1.25% and 1.26% for the years ended December 31, 2014 and 2013, respectively.

SUPPLEMENTAL SCHEDULE

VELCON FILTERS, LLC 401(K) PROFIT SHARING PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2014

Employer Identification Number - 26-4563734

Plan Number - 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Value	(e) Current Value
	Notes receivable			
	Prana	Income Fund Ten; 6% promissory note due on December 31, 2016, collateralized by real estate	\$ 304,000	\$ 304,000
	Cash and cash equivalents			
	Schwab	Money Market Fund	\$ 792,891	792,891
*	Group annuity contract			
	Great-West	Key Guaranteed Portfolio Fund	\$ 336,818	<u>351,286</u>
	Mutual funds			
*	Great-West	Lifetime 2015 Portfolio II T1	**	2,341,342
*	Great-West	Lifetime 2025 Portfolio II T1	**	1,432,455
*	Great-West	S & P 500 Index	**	435,787
*	Great-West	Lifetime 2035 Portfolio II T1	**	354,364
*	Great-West	Aggressive Profile II Fund I	**	128,307
	Oakmark	International II	**	110,880
	Janus	Overseas Fund S	**	97,256
	Ridgeworth	Mid-cap Value Equity I	**	92,841
*	Great-West	Lifetime 2045 Portfolio II T1	**	69,327
	Pimco	Total Return Admin	**	61,591
*	Great-West	Bond Index Fund	**	45,046
*	Great-West	Mid Cap 400 Index Fund	**	38,053
*	BlackRock	Inflation Protection Bond Inv A	**	28,719
*	Great-West	Index 600	**	26,932
	Cambiar	Small Cap Inv	**	22,529
	Aberdeen	Emerging Markets A	**	14,313
*	Great-West	Lifetime 2055 Portfolio II T1	**	3,097
	MFS	Global Equity R3	**	<u>589</u>
	Total mutual funds			5,303,428
	Receivables			
*	Participant loans	Interest rates from 4.25% to 9.25% with maturities ranging from 2015 through 2021, collateralized by participant accounts	**	<u>87,477</u>
	Total assets			<u><u>\$ 6,839,082</u></u>
*	Party-in-interest			
**	Cost information not required for participant-directed investments.			

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

Name of Plan:

► Velcon Filters, LLC 401(k) Profit Sharing Plan

Employer Identification Number:► 61-1584401

For plan year (beginning/ending):► 01/01/2014 to 12/31/2014

Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	SCHWAB MONEY MARKET FUND	Mutual Funds	N/A	792,891
	PRANA INCOME FUND TEN 6% PROM. NOTE DUE ON 12/31/16	Real Estate	N/A	18,000
	PRANA INCOME FUND TEN 6% PROM. NOTE DUE ON 12/31/16	Real Estate	N/A	16,000
	PRANA INCOME FUND TEN 6% PROM. NOTE DUE ON 12/31/16	Real Estate	N/A	270,000
	S&P 400	Mutual Funds	N/A	38,053
	ABERDEEN EMERGING MARKETS	Mutual Funds	N/A	14,313
	BLACKROCK INFLATION	Mutual Funds	N/A	28,719
	CAMBIAR SMALL CAP	Mutual Funds	N/A	22,529
	S&P 500	Mutual Funds	N/A	435,787
	MAXIM LIFETIME 2015 PORTFOLIO II T1	Mutual Funds	N/A	2,341,342
	MAXIM LIFETIME 2025 PORTFOLIO II T1	Mutual Funds	N/A	1,432,455
	MAXIM LIFETIME 2035 PORTFOLIO II T1	Mutual Funds	N/A	354,364
	MAXIM LIFETIME 2045 PORTFOLIO II T1	Mutual Funds	N/A	69,327
	MAXIM LIFETIME 2055 PORTFOLIO II T1	Mutual Funds	N/A	3,097
	BOND INDEX	Mutual Funds	N/A	128,307
	INTERNATIONAL INDEX	Mutual Funds	N/A	45,046
	JP MORGAN US EQUITY	Mutual Funds	N/A	97,256
	MFS GLOBAL EQUITY	Mutual Funds	N/A	589
	S & P SMALL CAP 600 INDEX	Mutual Funds	N/A	26,932
	OAKMARK INTERNATIONAL II	Mutual Funds	N/A	110,880
	PIMCO TOTAL RETURN ADMIN	Mutual Funds	N/A	61,591
	RIDGEWORTH MID-CAP VALUE EQUITY	Mutual Funds	N/A	92,841
	KEY GUARANTEED PORTFOLIO	Mutual Funds	N/A	336,818
	LOANS	Participant Loans	N/A	87,447