

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> 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>WILBERT FUNERAL SERVICES, INC. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1958</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WILBERT FUNERAL SERVICE, INC.</u> <u>10965 GRANADA LANE</u> <u>SUITE 300</u> <u>OVERLAND PARK, KS 66211</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-4128481</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>913-345-2120</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-4128481</u>	2c Plan Sponsor's telephone number <u>913-345-2120</u>	2d Business code (see instructions) <u>327300</u>	
2b Employer Identification Number (EIN) <u>36-4128481</u>					
2c Plan Sponsor's telephone number <u>913-345-2120</u>					
2d Business code (see instructions) <u>327300</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>09/23/2015</u>	<u>STEVE WILLIAMS</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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name SUHOR INDUSTRIES, INC.	4b EIN 43-1435311 4c PN 001
5 Total number of participants at the beginning of the plan year	5 758
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) 657
a(2) Total number of active participants at the end of the plan year	6a(2) 724
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 91
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 816
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 3
f Total. Add lines 6d and 6e	6f 819
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 624
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 95
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 2S 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: 4B	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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>WILBERT FUNERAL SERVICES, INC. 401K PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILBERT FUNERAL SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>36-4128481</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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	30797	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL APPRECIATION - U.S. BANCORP P.O. BOX 701 MILWAUKEE, WI 53201	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON GROWTH - DST SYSTEMS, INC. 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA DIV INC A - COLUMBIA MGT P.O.BOX 8081 BOSTON, MA 02266	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM MID CAP VALUE A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.50%	
(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.	

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

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

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
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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
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plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>WILBERT FUNERAL SERVICES, INC. 401K PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILBERT FUNERAL SERVICE, INC.</u>		D Employer Identification Number (EIN) <u>36-4128481</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	305956	303836
(9) Value of interest in common/collective trusts	1c(9)	2285593	2181365
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15398580	17166972
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	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	17990129	19652173

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17990129	19652173
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	373617	
(B) Participants	2a(1)(B)	1181362	
(C) Others (including rollovers)	2a(1)(C)	59381	
(2) Noncash contributions	2a(2)	0	1614360
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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)	12739	
(F) Other	2b(1)(F)	0	12739
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(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)	1067678	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1067678

(3) Rents	2b(3)		0
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(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)		20430
(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)		130416
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2845623

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1147433	
(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)		1147433
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		5342
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	30804	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30804
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1183579

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1662044
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: L.L. BRADFORD

(2) EIN: 88-0449567

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan WILBERT FUNERAL SERVICES, INC. 401K PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WILBERT FUNERAL SERVICE, INC.				D Employer Identification Number (EIN) 36-4128481	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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): _____

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

(With Report of Independent Certified Public Accountants Thereon)

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L.L. Bradford
Certified Public Accountants & Consultants

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees and Participants of
Wilbert Funeral Services, Inc. 401(k) Plan
Overland Park, KS

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wilbert Funeral Services, Inc. 401(k) 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

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 6 which was certified by Fidelity, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held for investment purposes, as of or for the year ended December 31, 2014, 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 are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

L.L. Bradford & Company, LLC

L.L. Bradford & Company, LLC
August 18, 2015
Leawood, Kansas

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments		
Investments at market value	\$ 19,348,337	\$ 17,684,173
Participant loans	<u>303,836</u>	<u>305,956</u>
Total fair value of investments	<u>19,652,173</u>	<u>17,990,129</u>
Total assets	<u>19,652,173</u>	<u>17,990,129</u>
LIABILITIES	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 19,652,173</u></u>	<u><u>\$ 17,990,129</u></u>

See Accompanying Notes to Financial Statements

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

Additions

Investment gain

Net gain in fair value of investments	\$ 150,846	
Dividends from registered investment company shares	1,067,678	
Interest from participant loans	12,739	
Net investment gain		\$ 1,231,263

Contributions

Employer contributions	1,181,362	
Employee contributions	373,617	
Employee rollovers other plans	59,381	
Total contributions		1,614,360

Total additions, net

2,845,623

Deductions

Benefits paid to participants	1,147,433	
Deemed distributions of participant loans	5,342	
Administrative Fees	30,804	
Total deductions		(1,183,579)

Net increase in net assets available for benefits

1,662,044

Net assets available for benefits, beginning of year

17,990,129

Net assets available for benefits, end of year

\$ 19,652,173

See Accompanying Notes to Financial Statements

1. SUMMARY PLAN DESCRIPTION

The following description of Wilbert Funeral Services, Inc. 401(K) Plan (the “Plan”) (formerly known as Suhor Industries, Inc. 401(k) Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General – The Plan is a defined contribution 401(k) plan available to qualifying employees of the Wilbert Funeral Services, Inc., (the “Company”). Employees not in an excluded class will be eligible to participate once the employee completes three months of service; however, the entry date for beginning participation is the first day of the Plan Year and the first day of the fourth, seventh, and tenth months of the Plan Year coinciding with or next following the date the employee satisfies the eligibility conditions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Participants may contribute in one percent increments up to 100% of their gross annual compensation, subject to certain limitations, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan in accordance with the provisions of Section 401(k) of the Internal Revenue Code (the “Code”). The plan has an automatic enrollment feature, employees will be notified approximately 30 days prior to when the Employer will begin to automatically deduct 3% from the employee pay on a pre-tax basis as a Deferral Contribution for the employee to the Plan. Employees become eligible for employer matching contributions only if employee makes deferral contributions.

Participant Accounts – Each participant’s account is credited with the participant’s salary deferral contributions and the Company’s matching and profit sharing contributions. Allocations are based on participant elective deferrals or compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance, less any loans outstanding.

Vesting – Participants are fully vested in their own contributions to the Plan, plus any earnings thereon. Participants become vested in benefits provided by the Company contributions, plus earnings thereon, based on years of services in accordance with the following vesting schedule.

<u>Years of Service</u>	<u>Percentage of Account Vested</u>
Less than 2 years	0%
More than 2 years	25%
More than 3 years	50%
More than 4 years	75%
More than 5 years	100%

Upon termination from employment by the Company, a participant’s non-vested portion of Company contributions and earnings is considered forfeiture and is used to reduce future Company contributions to the Plan.

Participant Loans – The Plan allows participants to borrow against their accounts, participants may have one outstanding loan at any given time. The minimum loan is \$1,000 and the maximum amount is the lesser of one-half of the participants vested account balance or \$50,000 reduced by the highest outstanding loan balance in the participants Account during the prior twelve month period. All of participant’s loans from plans maintained by the Employer or a Related Employer will be considered for purposes of determining the maximum amount of the participants’ loan. Up to 50% of the vested account balance may be used as collateral for any loan. At December 31, 2014, there were participant loans outstanding of \$303,834, respectively, bearing interest at rates ranging from 4.25% to 8.0% and maturing ranging from January 2015 to February 2024.

1. SUMMARY PLAN DESCRIPTION (Continued)

Administrative Expenses – Trustee’s fees are billed directly to the Company, with the Trustee reserving the right to charge the fees and expenses directly to the Trust fund if not paid promptly by the Company.

Processing fees for participant loans are charged to individual plan participants and deducted from individual plan participant balances as incurred. These expenses affect plan net assets and are reflected in the accompanying financial statements.

Payment of Benefits – Upon termination of service due to death or if a participant dies after their retirement or disability, but before receiving the value of their Plan account balance, the participant’s beneficiary shall receive a lump-sum distribution in cash or in-kind, in the form of various annuity contracts, or any combination thereof.

Upon termination of service other than due to death for participants with a Plan account balance of more than \$5,000, the account balance may not be distributed prior to the participant’s 65th birthday or normal retirement date unless the participant consents to the distribution. Employees choosing to defer distribution continue to participate in investment gains and losses, but are no longer eligible for matching contributions by the Company. If the participant’s vested Plan account balance does not exceed \$5,000, the account balance may be distributed by the Plan Sponsor without the participant’s consent. Participant balances may be distributed as a lump-sum payment in cash or in-kind, in the form of various annuity contracts, or any combination thereof.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan is accounted for on the accrual basis of accounting.

Use of Estimates – The preparation of these financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan’s management to make certain estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investments – The Plan investments are stated at fair market value based on quoted market prices.

Realized and Unrealized Gain on Investments – The realized gain or loss on investments represents the difference between the proceeds at the transaction date and the cost or recorded value of the investment. Unrealized gains or losses on investments represent the net change at year-end between current value and the recorded value of the investments at the time of purchase or the beginning of the year, whichever is later.

Risks and Uncertainties – The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants’ account balances and the amounts reported in the statements of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits.

Payments of Benefits – Benefits are recorded when paid.

3. INCOME TAX STATUS

The prototype document used by the Plan obtained a determination letter dated August 7, 2001. The Plan has been amended since receiving this determination letter; however, the Company and Plan administrator believe that the Plan is currently designed in compliance with the applicable requirements of the Internal Revenue Code and operated in a manner that would not result in a disqualification of its tax status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. FAIR VALUE OF FINANCIAL INSTRUMENTS

SFAS No. 157 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under SFAS No. 157 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

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.

Investments at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Fair Value
Participant Loans	\$ -	\$ -	\$ 303,836	\$ 303,836
Mutual Funds	17,166,972	-	-	17,166,972
Common/Collective Trust	-	2,181,365	-	2,181,365
Total	<u>\$ 17,166,972</u>	<u>\$ 2,181,365</u>	<u>\$ 303,836</u>	<u>\$ 19,652,173</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

Level 3 Assets Year Ended December 31, 2014

	Participant Loans
Balance, beginning of year	<u>\$ 305,956</u>
Loan withdrawals, payments, and interest income	(2,120)
Balance, end of year	<u>\$ 303,836</u>

5. PLAN MERGER/BUSINESS COMBINATIONS

Wilbert Funeral Services, Inc. maintained a 401 (k) plan that was previously combined into the Suhor Industries, Inc. 401 (k) Plan beginning January 1, 2012 and has operated under the then titled Suhor Industries 401 (k) Plan since that date. On June 30, 2014, the Company acquired the outstanding stock of Suhor Industries, Inc. ("Suhor") in exchange for shares of the Company's common shares. The acquisition comprised all assets used in the manufacturing and delivery of outer burial container products and other precast concrete products. All associated inventories, receivables, real estate as well as all other assets and liabilities were acquired. The Reorganization Agreement dated June 3, 2014 ("Acquisition Agreement") called for a cash payment to shareholders of Suhor and the assignment and distribution of bank debt formerly held by Suhor to the Suhor shareholders. Assets, including net equity, were combined to the balance sheet of the Company, debts and other obligations of Suhor were assumed according to the terms of the Acquisition Agreement and the combined entity began its operations July 1, 2014.

As a result of the acquisition in 2014 an amendment and restatement of the Basic Plan Document and its Adoption Agreement were updated to reflect the name change from Suhor Industries, Inc. 401(k) Plan to Wilbert Funeral Services, Inc. 401(k) Plan. There were no changes to the list of investment options or plan benefits.

6. TRUSTEE CERTIFICATION (UNAUDITED)

Fidelity Investments, the Plan Trustee, as of December 31, 2014 and for the year ended December 31, 2014, have certified to the Plan administrator that the following amounts (excluding participant loans) in the accompanying financial statements as of December 31, 2014, and for the year then ended, are complete and accurate.

Investments Certified by Fidelity Investments:

Fidelity Investments mutual funds and other investments:

Fidelity Freedom 2020	\$ 2,238,206	*
Fidelity Managed Income Portfolio	2,181,365	*
Fidelity Blue Chip Growth	1,719,199	*
Spartan 500 Index Advance	1,357,659	*
Fidelity Dividend Growth	1,132,540	*
Columbia Dividend Income	979,009	*
Other Assets	<u>9,740,359</u>	

Total	<u>\$ 19,348,337</u>	
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* Amount of fund represents at least 5% of net assets

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan and with the approval of the Board of Directors to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination of the Plan or complete discontinuance of contributions thereunder, each participant's account will become fully vested and non-forfeitable, and upon partial termination of the Plan, the account of each participant affected by the partial termination will become fully vested and non-forfeitable.

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
Schedule H Line 4i -SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Fidelity	Fidelity Freedom 2020 Fund	\$ 2,238,206
Fidelity	MIP CL 1	2,181,365
Fidelity	Fidelity Blue Chip GR	1,719,199
Fidelity	Spartan 500 Index Adv	1,357,659
Fidelity	Fidelity Dividend Gr	1,132,540
Fidelity	Columbia Dividend Inc. Fund	979,009
Fidelity	Fidelity Freedom 2030 Fund	871,841
Fidelity	Fidelity Diversifd Intl	862,939
Fidelity	Baron Growth Fund	800,661
Fidelity	Fidelity Govt Income	775,195
Fidelity	Fidelity Low Priced Stk	760,783
Fidelity	Fidelity Puritan	687,045
Fidelity	Fidelity Freedom 2025 Fund	554,467
Fidelity	Fidelity Fidelity Fund	485,845
Fidelity	Fidelity Mid Cap Stock	426,547
Fidelity	JPM Mid Cap Value Fund	422,995
Fidelity	Fidelity Freedom 2040 Fund	392,464
Fidelity	Fidelity Freedom 2015 Fund	366,313
Fidelity	Spartan US Bond Index Fund	335,412
Fidelity	Fidelity Freedom 2005 Fund	300,160
Fidelity	Fidelity Freedom 2010 Fund	257,355
Fidelity	Fidelity Freedom 2035 Fund	256,292
Fidelity	Fidelity Growth Strat	211,542
Fidelity	Fidelity Freedom 2045 Fund	182,145
Fidelity	Fidelity Freedom Income	174,803
Fidelity	Fidelity Freedom 2050 Fund	163,537
Fidelity	Spartan Ext Mkt Idx Adv	131,920
Fidelity	Ariel Appreciation Fund	111,270
Fidelity	Fidelity Small Cap Discovery	107,276
Fidelity	Fidelity Freedom 2055 Fund	64,187
Fidelity	Spartan Intl Index Adv	37,369
Fidelity	Fidelity Freedom 2000 Fund	-
Participant Loans	Participant loans, interest rates ranging from 4.25% to 8.0%	303,836
Total investments		<u><u>\$ 19,652,173</u></u>

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

(With Report of Independent Certified Public Accountants Thereon)

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L.L. Bradford
Certified Public Accountants & Consultants

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees and Participants of
Wilbert Funeral Services, Inc. 401(k) Plan
Overland Park, KS

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wilbert Funeral Services, Inc. 401(k) 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

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 6 which was certified by Fidelity, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held for investment purposes, as of or for the year ended December 31, 2014, 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 are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

L.L. Bradford & Company, LLC

L.L. Bradford & Company, LLC
August 18, 2015
Leawood, Kansas

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments		
Investments at market value	\$ 19,348,337	\$ 17,684,173
Participant loans	<u>303,836</u>	<u>305,956</u>
Total fair value of investments	<u>19,652,173</u>	<u>17,990,129</u>
Total assets	<u>19,652,173</u>	<u>17,990,129</u>
LIABILITIES	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 19,652,173</u></u>	<u><u>\$ 17,990,129</u></u>

See Accompanying Notes to Financial Statements

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

Additions

Investment gain

Net gain in fair value of investments	\$ 150,846	
Dividends from registered investment company shares	1,067,678	
Interest from participant loans	12,739	
Net investment gain		\$ 1,231,263

Contributions

Employer contributions	1,181,362	
Employee contributions	373,617	
Employee rollovers other plans	59,381	
Total contributions		1,614,360

Total additions, net		2,845,623
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Deductions

Benefits paid to participants	1,147,433	
Deemed distributions of participant loans	5,342	
Administrative Fees	30,804	
Total deductions		(1,183,579)

Net increase in net assets available for benefits		1,662,044
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Net assets available for benefits, beginning of year		17,990,129
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Net assets available for benefits, end of year		\$ 19,652,173
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See Accompanying Notes to Financial Statements

1. SUMMARY PLAN DESCRIPTION

The following description of Wilbert Funeral Services, Inc. 401(K) Plan (the “Plan”) (formerly known as Suhor Industries, Inc. 401(k) Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General – The Plan is a defined contribution 401(k) plan available to qualifying employees of the Wilbert Funeral Services, Inc., (the “Company”). Employees not in an excluded class will be eligible to participate once the employee completes three months of service; however, the entry date for beginning participation is the first day of the Plan Year and the first day of the fourth, seventh, and tenth months of the Plan Year coinciding with or next following the date the employee satisfies the eligibility conditions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Participants may contribute in one percent increments up to 100% of their gross annual compensation, subject to certain limitations, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan in accordance with the provisions of Section 401(k) of the Internal Revenue Code (the “Code”). The plan has an automatic enrollment feature, employees will be notified approximately 30 days prior to when the Employer will begin to automatically deduct 3% from the employee pay on a pre-tax basis as a Deferral Contribution for the employee to the Plan. Employees become eligible for employer matching contributions only if employee makes deferral contributions.

Participant Accounts – Each participant’s account is credited with the participant’s salary deferral contributions and the Company’s matching and profit sharing contributions. Allocations are based on participant elective deferrals or compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance, less any loans outstanding.

Vesting – Participants are fully vested in their own contributions to the Plan, plus any earnings thereon. Participants become vested in benefits provided by the Company contributions, plus earnings thereon, based on years of services in accordance with the following vesting schedule.

<u>Years of Service</u>	<u>Percentage of Account Vested</u>
Less than 2 years	0%
More than 2 years	25%
More than 3 years	50%
More than 4 years	75%
More than 5 years	100%

Upon termination from employment by the Company, a participant’s non-vested portion of Company contributions and earnings is considered forfeiture and is used to reduce future Company contributions to the Plan.

Participant Loans – The Plan allows participants to borrow against their accounts, participants may have one outstanding loan at any given time. The minimum loan is \$1,000 and the maximum amount is the lesser of one-half of the participants vested account balance or \$50,000 reduced by the highest outstanding loan balance in the participants Account during the prior twelve month period. All of participant’s loans from plans maintained by the Employer or a Related Employer will be considered for purposes of determining the maximum amount of the participants’ loan. Up to 50% of the vested account balance may be used as collateral for any loan. At December 31, 2014, there were participant loans outstanding of \$303,834, respectively, bearing interest at rates ranging from 4.25% to 8.0% and maturing ranging from January 2015 to February 2024.

1. SUMMARY PLAN DESCRIPTION (Continued)

Administrative Expenses – Trustee’s fees are billed directly to the Company, with the Trustee reserving the right to charge the fees and expenses directly to the Trust fund if not paid promptly by the Company.

Processing fees for participant loans are charged to individual plan participants and deducted from individual plan participant balances as incurred. These expenses affect plan net assets and are reflected in the accompanying financial statements.

Payment of Benefits – Upon termination of service due to death or if a participant dies after their retirement or disability, but before receiving the value of their Plan account balance, the participant’s beneficiary shall receive a lump-sum distribution in cash or in-kind, in the form of various annuity contracts, or any combination thereof.

Upon termination of service other than due to death for participants with a Plan account balance of more than \$5,000, the account balance may not be distributed prior to the participant’s 65th birthday or normal retirement date unless the participant consents to the distribution. Employees choosing to defer distribution continue to participate in investment gains and losses, but are no longer eligible for matching contributions by the Company. If the participant’s vested Plan account balance does not exceed \$5,000, the account balance may be distributed by the Plan Sponsor without the participant’s consent. Participant balances may be distributed as a lump-sum payment in cash or in-kind, in the form of various annuity contracts, or any combination thereof.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan is accounted for on the accrual basis of accounting.

Use of Estimates – The preparation of these financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan’s management to make certain estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investments – The Plan investments are stated at fair market value based on quoted market prices.

Realized and Unrealized Gain on Investments – The realized gain or loss on investments represents the difference between the proceeds at the transaction date and the cost or recorded value of the investment. Unrealized gains or losses on investments represent the net change at year-end between current value and the recorded value of the investments at the time of purchase or the beginning of the year, whichever is later.

Risks and Uncertainties – The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants’ account balances and the amounts reported in the statements of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits.

Payments of Benefits – Benefits are recorded when paid.

3. INCOME TAX STATUS

The prototype document used by the Plan obtained a determination letter dated August 7, 2001. The Plan has been amended since receiving this determination letter; however, the Company and Plan administrator believe that the Plan is currently designed in compliance with the applicable requirements of the Internal Revenue Code and operated in a manner that would not result in a disqualification of its tax status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. FAIR VALUE OF FINANCIAL INSTRUMENTS

SFAS No. 157 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under SFAS No. 157 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

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.

Investments at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Fair Value
Participant Loans	\$ -	\$ -	\$ 303,836	\$ 303,836
Mutual Funds	17,166,972	-	-	17,166,972
Common/Collective Trust	-	2,181,365	-	2,181,365
Total	<u>\$ 17,166,972</u>	<u>\$ 2,181,365</u>	<u>\$ 303,836</u>	<u>\$ 19,652,173</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

Level 3 Assets Year Ended December 31, 2014

	Participant Loans
Balance, beginning of year	<u>\$ 305,956</u>
Loan withdrawals, payments, and interest income	(2,120)
Balance, end of year	<u>\$ 303,836</u>

5. PLAN MERGER/BUSINESS COMBINATIONS

Wilbert Funeral Services, Inc. maintained a 401 (k) plan that was previously combined into the Suhor Industries, Inc. 401 (k) Plan beginning January 1, 2012 and has operated under the then titled Suhor Industries 401 (k) Plan since that date. On June 30, 2014, the Company acquired the outstanding stock of Suhor Industries, Inc. ("Suhor") in exchange for shares of the Company's common shares. The acquisition comprised all assets used in the manufacturing and delivery of outer burial container products and other precast concrete products. All associated inventories, receivables, real estate as well as all other assets and liabilities were acquired. The Reorganization Agreement dated June 3, 2014 ("Acquisition Agreement") called for a cash payment to shareholders of Suhor and the assignment and distribution of bank debt formerly held by Suhor to the Suhor shareholders. Assets, including net equity, were combined to the balance sheet of the Company, debts and other obligations of Suhor were assumed according to the terms of the Acquisition Agreement and the combined entity began its operations July 1, 2014.

As a result of the acquisition in 2014 an amendment and restatement of the Basic Plan Document and its Adoption Agreement were updated to reflect the name change from Suhor Industries, Inc. 401(k) Plan to Wilbert Funeral Services, Inc. 401(k) Plan. There were no changes to the list of investment options or plan benefits.

6. TRUSTEE CERTIFICATION (UNAUDITED)

Fidelity Investments, the Plan Trustee, as of December 31, 2014 and for the year ended December 31, 2014, have certified to the Plan administrator that the following amounts (excluding participant loans) in the accompanying financial statements as of December 31, 2014, and for the year then ended, are complete and accurate.

Investments Certified by Fidelity Investments:

Fidelity Investments mutual funds and other investments:

Fidelity Freedom 2020	\$ 2,238,206	*
Fidelity Managed Income Portfolio	2,181,365	*
Fidelity Blue Chip Growth	1,719,199	*
Spartan 500 Index Advance	1,357,659	*
Fidelity Dividend Growth	1,132,540	*
Columbia Dividend Income	979,009	*
Other Assets	<u>9,740,359</u>	

Total	<u>\$ 19,348,337</u>	
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* Amount of fund represents at least 5% of net assets

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan and with the approval of the Board of Directors to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination of the Plan or complete discontinuance of contributions thereunder, each participant's account will become fully vested and non-forfeitable, and upon partial termination of the Plan, the account of each participant affected by the partial termination will become fully vested and non-forfeitable.

WILBERT FUNERAL SERVICES, INC. 401(K) PLAN
Schedule H Line 4i -SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
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Fidelity	Fidelity Freedom 2030 Fund	871,841
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Fidelity	Fidelity Freedom 2015 Fund	366,313
Fidelity	Spartan US Bond Index Fund	335,412
Fidelity	Fidelity Freedom 2005 Fund	300,160
Fidelity	Fidelity Freedom 2010 Fund	257,355
Fidelity	Fidelity Freedom 2035 Fund	256,292
Fidelity	Fidelity Growth Strat	211,542
Fidelity	Fidelity Freedom 2045 Fund	182,145
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Fidelity	Fidelity Freedom 2050 Fund	163,537
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Fidelity	Ariel Appreciation Fund	111,270
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Fidelity	Fidelity Freedom 2055 Fund	64,187
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Total investments		<u><u>\$ 19,652,173</u></u>