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

Part I Annual Report Identification Information

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

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
GREENSFELDER, HEMKER & GALE, P.C.

10 SOUTH BROADWAY, SUITE 2000
ST. LOUIS, MO 63102

2b Employer Identification Number (EIN)
43-1313567

2c Plan Sponsor's telephone number
314-241-9090

2d Business code (see instructions)
541110

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.	09/11/2015	MARY FRITSCHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2015	MARY FRITSCHE
	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)

JEANNE DEE, CPA

KIEFER BONFANTI & CO. LLP

701 EMERSON ROAD, SUITE 201
ST. LOUIS, MO 63141-6753

Preparer's telephone number (optional)
314-812-1100

3a Plan administrator's name and address [X] 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**	314
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)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	249
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	285
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	293
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	519
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
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 2R

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

D Employer Identification Number (EIN)
43-1313567

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).. . . . . [X] 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

ING INSTITUTIONAL PLAN SERVICES LLP

02-0488491

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

STATE STREET BANK AND TRUST COMPANY
ONE LINCOLN STREET
BOSTON, MA 02111

04-3581074

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

THE NORTHERN TRUST CORPORATION
50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

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

GALLIARD
800 LASALLE AVENUE
MINNEAPOLIS, MN 55402

41-1813702

(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)

(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 ☐

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

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

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

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

(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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

D Employer Identification Number (EIN)
43-1313567

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ABA MEM/NORTHERN TRUST CORPORATION

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

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)
36-2723087-001	C	39135842

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GREENSFELDER, HEMKER & GALE, P.C.

D Employer Identification Number (EIN)
43-1313567

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1925096	2021500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	36008265	39135842
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5976592	5532674

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	43909953	46690016
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	43909953	46690016

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)	2021500	
	(B) Participants	2a(1)(B)	2154376	
	(C) Others (including rollovers)	2a(1)(C)	27253	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4203129
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2028044
(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)		
c Other income	2c		191185
d Total income. Add all **income** amounts in column (b) and enter total	2d		6422358
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3639361	
(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)		3639361
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)	2934	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2934
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3642295
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2780063
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KIEFER BONFANTI & CO. LLP **(2)** EIN: 43-1061959

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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

GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN

DECEMBER 31, 2014 AND 2013

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan,** which comprise 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

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for our 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 7, which was certified by Northern Trust Investments, N.A, the trustee and custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the trustee and custodian holds Plan investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee and 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 trustee and custodian is complete and accurate.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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 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 of 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 schedule 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 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.

Kiefer Bonfanti & Co. LLP

St. Louis, Missouri
September 11, 2015

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2014	2013
Investments at Fair Value		
Collective trust funds	**$30,074,065**	$27,991,439
Self-managed accounts	**5,532,674**	5,976,592
Stable value fund	**9,299,914**	8,098,571
Total investments at fair value	**44,906,653**	42,066,602
Receivables		
Employer contribution	**2,021,500**	1,925,096
Total Assets	**46,928,153**	43,991,698
Net Assets Reflecting Investments at Fair Value	**46,928,153**	43,991,698
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(238,137)**	(81,744)
Net Assets Available for Benefits	**$46,690,016**	$43,909,954

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributed To:	
Participant contributions	**$ 2,154,375**
Net appreciation in fair value of investments	
Collective trust funds	**2,028,044**
Self-managed accounts	**191,185**
Rollover contributions	**27,253**
Employer contribution	**2,021,500**
Total Additions to Net Assets	**6,422,357**
Deductions from Net Assets Attributed To:	
Benefits paid to participants	**3,639,361**
Administrative expenses	**2,934**
Total Deductions from Net Assets	**3,642,295**
Net Increase	**2,780,062**
Net assets available for benefits, beginning of year	**43,909,954**
Net Assets Available for Benefits, End of Year	**$46,690,016**

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

1. DESCRIPTION OF PLAN

The **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan** (the Plan) was restated effective January 1, 2013.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of **Greensfelder, Hemker & Gale, P.C.** (the Company) who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants can make deferred salary contributions ranging from 1% to 75% of eligible pay. The plan has adopted a cross-tested plan design wherein employer contributions, if any, are discretionary. Additionally the amount of discretionary employer contributions may range from 0% to 12% of the eligible participants for the Plan year reduced by forfeitures of terminated participants' non-vested accounts. Participants may direct the investment of the contributions into various investment options under the Plan. The Plan currently offers various common and collective trust investment options for participants as well as self-managed accounts. Participants also have the option to make after-tax elective salary deferrals to a Roth 401(k). Participants may change their investment options at any time.

Participant Accounts

Each participant's salary deferral and rollover account is credited with the participant's contribution plus actual earnings thereon. Each participant's employer contribution account is credited with an allocation of the Company's contributions and plan's earnings. Allocations of Company contributions are based on participant compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

A participant's salary deferral and rollover accounts are 100% vested at all times. Vesting of a participant's employer contribution account is based on years of continuous service. A participant is 100% vested after five years of credited service or normal retirement or death. The plan uses a graded vesting schedule as follows: 2 years – 20%, 3 years – 40%, 4 years – 60%, 5 years, 100%.

The vesting table is also in accordance with Internal Revenue Code Section 416 for the years the Plan is determined to be top-heavy.

Notes to Financial Statements (Continued)

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Except for the special rule for participants who are five percent owners and who have attained age seventy and one-half, a participant's vested amount of his or her individual account shall be paid in the form of a qualified joint and survivor annuity as soon as reasonable after the termination of service, death, disability, or attaining age sixty-five and retiring. Participants waiving the right to a qualified joint and survivor annuity shall be paid as a lump-sum distribution. Participants with less than $5,000 invested in the Plan are required to take a lump-sum distribution.

Administration

The Company is responsible for the majority of the Plan's operating expenses. Northern Trust Investments, N.A. acts as trustee and custodian for the Plan's assets.

Forfeited Accounts

At December 31, 2014, forfeited non-vested accounts totaled $36,416 for terminated participants during the plan year. These accounts will be used to reduce future employer contributions. In 2014, employer contributions were reduced by $16,608 from forfeited non-vested accounts.

Subsequent Events

The Company has evaluated subsequent events through September 11, 2015, the date which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

Transactions with Parties-in-Interest

Certain investments of the Plan were in funds managed by Northern Trust Investments, N.A., the trustee and custodian of the Plan and, therefore, related transactions qualify as party-in-interest transactions.

Legal, accounting, and other professional services were provided by parties-in-interest at reasonable and customary rates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Accounting (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract-value basis.

Use of Estimates

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

Investments Valuation and Income Recognition

The Plan's investments are stated at fair market 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 measurement date. See Note 4 for a discussion of fair value measurements.

Unrealized appreciation or depreciation of investments held at year end and realized gains and losses on sales of investments during the year are determined based on fair values at the beginning of the year or purchase price if acquired during the year.

Payment of Benefits

Benefits are recorded when paid.

3. INVESTMENTS

The following presents the investments at fair value that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013.

	December 31,	
	2014	2013
Northern Trust Stable Asset Return Fund	**$ 9,299,914**	$ 8,098,571
Collective Trust Funds - Northern Trust		
Large Cap Equity Fund	**5,902,741**	5,436,995
All Cap Index Equity Fund	**3,693,269**	3,505,792
Small Mid Cap Equity Fund	**3,087,428**	3,378,093
Bond Core Plus Fund	**2,426,713**	2,200,712

The assets of the Plan are held by Northern Trust Investments, N.A. (trustee) in a collective trust. Investments are valued daily. The investment gains and losses, income and expenses are allocated to the participant's individual account based on the daily valuation.

Self-managed accounts held by TD Ameritrade consist of accounts in which the participant may invest cash and cash equivalents, mutual funds, stock and other securities. These investments are solely directed by the participant.

Consistent with the status of the American Bar Association Members/Northern Trust Collective Trust, the Plan's investment income for the year ended December 31, 2014 is not segregated between interest, dividends and net appreciation or depreciation in the fair value of investments.

The Plan invested in a benefit-responsive Stable Asset Return Fund (The Fund) with the trustee. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

As described in Note 2, because the Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Contract value, as reported to the Plan by Northern Trust Investments, N.A., represents contributions, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value under all circumstances including the termination of the Plan.

Investments included in this Fund have an average yield of 1.26% and 1.21% for the year ended December 31, 2014 and 2013, respectively. The average crediting interest rate was 1.45% and 1.38% for the year ended December 31, 2014 and 2013, respectively.

4. FAIR VALUE MEASUREMENTS

Financial accounting standards establish a framework for measuring fair value. That framework provides 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 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under the standards are described as follows:

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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

- Collective trust funds – valued based on the number of units of beneficial interest. Each unit represents an equal pro rata interest in the net assets of each fund. The funds hold investments that fall in line with the investment's stated strategy.

- Self-managed accounts – valued at the quoted market prices in actively traded markets of the stocks and mutual funds held in the accounts.

- Stable value fund – valued based on the number units of beneficial interest. Each Unit represents an equal pro rata interest in the net assets of each fund. The stable value fund invests in investment contracts issued by insurance companies, banks, and certain other financial institutions.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of the inputs used, as of December 31, 2014 and 2013, involving the Plan's assets carried at fair value. The inputs or methodologies used for valuing investments may not be an indication for the risk associated with investing in those securities.

	Fair Value Measurements at Reporting Date Using		
Description	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Other Significant Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
December 31, 2014			
Collective trust funds			
Domestic blend	$ -	$ 2,910,520	$ -
Domestic small-mid cap	6,791,540	6,380,718	-
Equity blend	-	7,239,307	-
Fixed income	18,610	3,620,750	-
Global equity blend	-	6,061	-
Inflation protected investments	-	448,943	-
International equity blend	244,820	2,412,796	-
Total collective trust funds	7,054,970	23,019,095	-
Self-managed accounts			
Money market	431,559	-	-
Corporate equity securities	2,661,514	-	-
Mutual funds	2,439,601	-	-
Total self-managed accounts	5,532,674	-	-
Stable asset return fund	-	9,299,914	-
Total	**$ 12,587,644**	**$ 32,319,009**	**$ -**
December 31, 2013			
Collective trust funds			
Domestic blend	$ -	$ 2,350,931	$ -
Domestic small-mid cap	7,042,302	5,567,326	-
Equity blend	-	6,278,521	-
Fixed income	13,126	3,510,800	-
Global equity blend	-	3,562	-
Inflation protected investments	-	424,003	-
International equity blend	137,054	2,663,814	-
Total collective trust funds	7,192,482	20,798,957	-
Self-managed accounts			
Money market	753,935	-	-
Corporate equity securities	2,785,614	-	-
Mutual funds	2,437,043	-	-
Total self-managed accounts	5,976,592	-	-
Stable asset return fund	-	8,098,571	-
Total	**$ 13,169,074**	**$ 28,897,528**	**$ -**

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan believes its valuation methods are appropriate and consistent. The use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

Fair Value of Investments in Entities that Use Unit Value

The following table summarizes investments measured at fair value based on unit value.

Investment	Fair Value as of December 31, 2014	2013	Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Northern Trust Stable Asset Return Fund	**$ 9,299,914**	$ 8,098,571	Invests primarily in high quality fixed-income instruments and investment contracts issued by insurance companies, banks, or other financial institutions with the objective of providing current income consistent with preserving principal and maintaining liquidity	N/A	Daily	1 day
Northern Trust All Cap Index Fund	**3,693,270**	3,505,792	Invests in common stocks included in the Russell 3000® Index with the objective of replicating the total rate of return of the Russell 3000 Index.	N/A	Daily	1 day
Northern Trust Bond Core Plus Fund	**2,420,307**	2,193,053	Invests primarily in U.S. debt securities of varying maturities with the objective of achieving a competitive total return from current income and capital appreciation.	N/A	Daily	1 day
Northern Trust International All Cap Equity Fund	**1,756,666**	1,945,482	Invests primarily in equity securities of companies domiciled outside of the U.S. The Fund may invest in companies of any size located in a number of countries throughout the world.	N/A	Daily	1 day
Northern Trust Balanced Fund	**1,215,080**	1,203,973	The objective of the Balanced Fund is to achieve both current income and long-term capital appreciation.	N/A	Daily	1 day
Northern Trust 2040 Retirement Date Fund	**1,633,846**	1,385,251	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2040 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
Northern Trust Large-Cap Index Equity Fund	**2,065,237**	1,937,195	Invests in securities of U.S. companies included in the S&P 500® with the objective of replicating the total rate of return of the S&P 500.	N/A	Daily	1 day
Northern Trust Bond Index Fund	**847,964**	825,173	Invests in U.S. Government Obligations and U.S. dollar-denominated corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities, and asset-backed securities with the objective of replicating the total rate of return of the Barclays Capital U.S. Aggregate Bond Index.	N/A	Daily	1 day
Northern Trust 2020 Retirement Date Fund	**1,453,686**	975,783	A diversified investment fund which currently seeks to provide a mix of long-term capital appreciation and stability of principal for participants planning to retire in or around the year 2020.	N/A	Daily	1 day
Northern Trust 2030 Retirement Date Fund	**1,584,874**	1,082,024	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2030 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Northern Trust Mid-Cap Index Equity Fund	**1,322,444**	1,131,257	Invests in securities of U.S. companies included in the S&P MidCap 400® with the objective of replicating the total rate of return of the S&P MidCap 400.	N/A	Daily	1 day
Northern Trust International Index Equity Fund	**656,130**	718,333	Invests in securities of non-U.S. companies included in the Morgan Stanley Capital International All-Country World Ex-U.S. Index, which we refer to as the MSCI ACWI ex-U.S. Index, with the objective of replicating the total rate of return of the MSCI ACWI ex-U.S. Index.	N/A	Daily	1 day

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Investment	Fair Value as of December 31, 2014	Fair Value as of December 31, 2013	Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Northern Trust 2010 Retirement Date Fund	**260,291**	345,364	A diversified investment fund which currently seeks to provide a mix of long-term capital appreciation and stability of principal for participants whose retirement date occurred in or around the year 2010	N/A	Daily	1 day
Northern Trust Small-Cap Index Equity Fund	**794,408**	726,098	Invests in securities of U.S. companies included in the Russell 2000® Index with the objective of replicating the total rate of return of the Russell 2000 Index.	N/A	Daily	1 day
Northern Trust Small-Mid Cap Equity Fund	**1,024,460**	1,017,639	Invests primarily in equity securities of small and medium capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, small and medium capitalization companies are considered those with a market capitalization between $100 million and $20 billion.	N/A	Daily	1 day
Northern Trust Lifetime Income Retirement Fund	**4,942**	64,413	A diversified investment fund which seeks to avoid significant loss of principal for investors who are considerably beyond their retirement date and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has significant target equity exposure).	N/A	Daily	1 day
Northern Trust Large-Cap Equity Fund	**1,174,169**	755,136	Invests primarily in equity securities of large capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, large capitalization companies are considered those with a market capitalization of greater than $1 billion.	N/A	Daily	1 day
Northern Trust Real Asset Return Fund	**448,943**	424,003	Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physcial commodities, and real estate investment trusts, or REITs with the objective of providing returns in excess of inflation as measured by the Core Consumer Price Index (which excludes food and energy). The Fund, however, can be expected to have greater volatility than the Core CPI.	N/A	Daily	1 day
Northern Trust Aggressive Risk Fund	**234,343**	245,533	A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comrised mainly of stocks with maximum growth potential.	N/A	Daily	1 day
Northern Trust Moderate Risk Fund	**241,754**	171,175	A diversified investment fund which seeks to provide long-term capital appreciation and current income.	N/A	Daily	1 day
Northern Trust Conservative Risk Fund	**69,186**	74,412	A diversified investment fund which seeks to avoid significant loss of principal fand is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has a target equity exposure of 26%).	N/A	Daily	1 day
Northern Trust Alternative Alpha Fund	**18,060**	8,385	Invests in a diversified portfolio with exposure to a broad set of investments with the objective of providing long-term total returns in excess of the yield on cash-equivalent investments (although the Alternative Alpha Fund can be expected to have greater risk and volatility than cash-equivalent investments).	N/A	Daily	1 day
Northern Trust 2050 Retirement Date Fund	**92,975**	59,921	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2050 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
Northern Trust Global All Cap Equity Fund	**6,061**	3,562	Invests primarily in equity securities of companies located throughout the world, including those domiciled in the U.S., through investments in the Large Cap Equity Fund, the Small-Mid Cap Equity Fund, and the International All Cap Equity Fund.	N/A	Daily	1 day
Total	**$ 32,319,009**	$ 28,897,528				

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all amounts credited to the participants' accounts will become 100% vested. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in cash.

6. TAX STATUS

The plan obtained its latest determination letter on February 15, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Financial accounting standards for uncertain tax positions prohibit financial statement recognition of the impact of a tax position if the position is not "more likely than not" to be sustained on audit, based on the technical merits of the position. The Plan's Annual Return/Report of Employee Benefit Plan for tax years 2012 and later remain subject to examination by taxing authorities.

7. SUMMARY OF FINANCIAL DATA CERTIFIED BY NORTHERN TRUST INVESTMENTS, N.A.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected to have Northern Trust Investments, N.A., the trustee and custodian of the Plan, certify as to the accuracy and completeness of the information at December 31, 2014 and 2013 and for the year ended December 31, 2014 included in the accompanying statements and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information.

Accordingly, the following information was certified by Northern Trust Investments, N.A. and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying statements.

A. Investments held at fair value as of December 31, 2014 and 2013 which are included in the accompanying statements of net assets available for benefits.

B. Investment income and expenses which are included in the statement of changes in net assets available for benefits for the year ended December 31, 2014.

C. Investments as of December 31, 2014, which are included in the accompanying schedule of assets held for investment purposes at end of year.

8. DEFERRED DISTRIBUTIONS

As of December 31, 2014, $5,784,961 was allocated to the accounts of persons who were retired or otherwise separated from the Company.

SUPPLEMENTAL SCHEDULES

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 SCHEDULE H LINE 4i
DECEMBER 31, 2014

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current Value
		Collective Trust Funds		
*	Northern Trust Investments, N.A.	Real Asset Return Fund		**$ 448,943**
*	Northern Trust Investments, N.A.	Bond Index Fund		**847,964**
*	Northern Trust Investments, N.A.	Alternative Alpha		**30,264**
*	Northern Trust Investments, N.A.	Bond Core Plus Fund		**2,426,713**
*	Northern Trust Investments, N.A.	Conservative Risk Fund		**69,186**
*	Northern Trust Investments, N.A.	Moderate Risk Fund		**241,754**
*	Northern Trust Investments, N.A.	Aggressive Risk Fund		**234,343**
*	Northern Trust Investments, N.A.	Balanced Fund		**1,215,080**
*	Northern Trust Investments, N.A.	Large-Cap Index Equity Fund		**2,065,237**
*	Northern Trust Investments, N.A.	Large-Cap Equity Fund		**5,902,741**
*	Northern Trust Investments, N.A.	Global All Cap Equity Fund		**6,061**
*	Northern Trust Investments, N.A.	All Cap Index Equity Fund		**3,693,269**
*	Northern Trust Investments, N.A.	Mid-Cap Index Equity Fund		**1,322,444**
*	Northern Trust Investments, N.A.	Small-Cap Index Equity Fund		**794,408**
*	Northern Trust Investments, N.A.	Small-Mid Cap Equity Fund		**3,087,428**
*	Northern Trust Investments, N.A.	Intl All Cap Equity Fund		**2,001,486**
*	Northern Trust Investments, N.A.	International Index Equity Fund		**656,130**
*	Northern Trust Investments, N.A.	Lifetime Income Retirement Fund		**4,942**
*	Northern Trust Investments, N.A.	2010 Retirement Date Fund		**260,291**
*	Northern Trust Investments, N.A.	2020 Retirement Date Fund		**1,453,686**
*	Northern Trust Investments, N.A.	2030 Retirement Date Fund		**1,584,874**
*	Northern Trust Investments, N.A.	2040 Retirement Date Fund		**1,633,846**
*	Northern Trust Investments, N.A.	2050 Retirement Date Fund		**92,975**
		Total Collective Trust Funds		**30,074,065**
*	Northern Trust Investments, N.A.	Stable Asset Return Fund		**9,061,777**
		Self-Managed Accounts		
	Various	Interest bearing cash		**431,559**
	Various	Corporate stocks		**2,661,514**
	Various	Mutual funds		**2,439,601**
		Total Self-Managed Accounts		**5,532,674**
	Total			**$ 44,668,516**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 SCHEDULE H LINE 4i
DECEMBER 31, 2014

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	Total			**$ 44,668,516**