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
ANDERSON COLUMBIA CO., INC. 401(K) SALARY REDUCTION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ANDERSON COLUMBIA CO., INC.

871 NORTH WEST GUERDON STREET
LAKE CITY, FL 32055

2b Employer Identification Number (EIN)
59-2871935

2c Plan Sponsor's telephone number
386-752-7585

2d Business code (see instructions)
237310

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.	10/12/2015	JOHN T. GODBOLD
	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 [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**	1272
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)**	1125
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1161
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	275
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1440
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1440
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1173
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	240
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:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	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) [X] **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) [X] 1 **A** (Insurance Information)

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

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
ANDERSON COLUMBIA CO., INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON COLUMBIA CO., INC.

D Employer Identification Number (EIN)
59-2871935

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	333270-01	470	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
13261	0

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

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

SAUNDERS ASSET MANAGEMENT INC
3242 HENDERSON BLVD STE 301
TAMPA, FL 33609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13261			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3638046
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3552763
c	Additions: (1) Contributions deposited during the year	7c(1)	433057		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	44211		
	(4) Transferred from separate account	7c(4)	689544		
	(5) Other (specify below)	7c(5)	2465		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	1169277
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4722040
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	370314		
	(2) Administration charge made by carrier	7e(2)	24		
	(3) Transferred to separate account	7e(3)	713656		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1083994
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3638046

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
ANDERSON COLUMBIA CO., INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON COLUMBIA CO., INC.

D Employer Identification Number (EIN)
59-2871935

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

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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)

SAUNDERS ASSET MANAGEMENT INC

PO BOX 18405
TAMPA, FL 33679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	42987	Yes [ ] No [X]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	5775	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
SAUNDERS ASSET MANAGEMENT INC	55	42987

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ANDERSON COLUMBIA CO., INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON COLUMBIA CO., INC.

D Employer Identification Number (EIN)
59-2871935

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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	9819894	11792933
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3552763	3638046
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	13372657	15430979
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13372657	15430979

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)	741021	
(B) Participants	2a(1)(B)	1506115	
(C) Others (including rollovers)	2a(1)(C)	22312	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2269448
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	44211	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		44211
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		654490
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2968149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	904052	
(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)		904052
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	5775	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5775
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		909827
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2058322
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DGLF CPA & BUSINESS ADVISORS (2) EIN: 62-1397304

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			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
ANDERSON COLUMBIA CO., INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON COLUMBIA CO., INC.

D Employer Identification Number (EIN)
59-2871935

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** 0

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): 84-1455663

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



ANDERSON COLUMBIA COMPANY, INC.
401(K) SALARY REDUCTION PLAN AND TRUST
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2014

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Anderson Columbia Company, Inc.
401(k) Salary Reduction Plan and Trust
Lake City, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Anderson Columbia Company, Inc. 401(k) Salary Reduction Plan and Trust (the 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

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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great- West Trust Company, LLC, the trustee of the plan, except for comparing such 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 December 31, 2014 and 2013, and for the year ended December 31, 2014, 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 schedule H, Line 4i – Schedule of Assets (held at end of year) and schedule H, line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2014 are required by the Department of Labor's (DOL) 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 these supplemental schedules.

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.

DGLF
CPAs & Business Advisors

Orlando, Florida
September 23, 2015

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014

	December 31, 2014	December 31, 2013
ASSETS		
Investments at fair value		
Mutual funds:		
Asset allocation	$ 1,141,570	$ 986,832
International	851,269	820,399
Specialty	1,279,728	808,158
Small cap	1,290,008	1,233,769
Mid cap	454,050	426,521
Large cap	3,201,882	2,789,234
Balanced	1,387,656	547,711
Bond	2,186,770	2,207,269
Guaranteed income funds	3,638,046	3,552,764
Net assets available for benefits	$15,430,979	$13,372,657

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

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

Additions:		
Additions to net assets attributed to investment income:		
Dividends and interest	**$ 963,926**	
Participant contributions	**1,506,115**	
Employer matching contributions	**741,021**	
Rollover contributions	**22,312**	
Total additions		**$ 3,233,374**
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	**904,052**	
Administrative expenses and fees	**5,775**	
Decrease in fair value of assets	**265,225**	
Total deductions		**1,175,052**
Net increase in assets available for benefits		**2,058,322**
Net assets available for benefits:		
December 31, 2013		**13,372,657**
December 31, 2014		**$15,430,979**

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

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

NOTE 1 - Description of Plan

The following description of the Anderson Columbia Company, Inc. 401(k) Salary Reduction Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan Sponsor (the Sponsor) includes the following entities:

Anderson Columbia Company, Inc.
Junction City Mining Company, LLC
A Mining Group, LLC
A Materials Group, Inc.

General

The Plan is a defined contribution plan covering all full-time employees of the Sponsor who have completed six months of service. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined, in the Plan subject to statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Sponsor matches 100% of the first 1% of participant deferrals and 50% of additional deferrals up to 6% of pay. The Sponsor's matching contribution, for the year ended December 31, 2014 totaled $741,021. Additional amounts may be contributed at the option of the Sponsor's board of directors.

Participant Accounts

Each participant's account is credited with the participant's contribution and Sponsor matching funds and an allocation of any additional Sponsor contributions, Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - Continued

Vesting

Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon. Prior to 2011, the Plan provided that any discretionary employer contributions vest using a 6-year graduated scale, as follows:

Years of Credited Service	Vesting Percentages
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Beginning with the 2011 plan year, matching contributions fully vest after two years of service. A participant becomes fully vested in his employer account if he dies, becomes disabled or reaches retirement age.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Participant Loans

There is no provision under the Plan for participant loans.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Continued

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to a series of publicly held stock and bond mutual funds. In addition to a guaranteed interest account (Key Guaranteed Portfolio), the plan currently offers the following mutual funds as investment options for participants:

Allianz NFJ Small Cap Value Fund
American Century Mid Cap Value R
American Funds Europacific Growth - R3
American Funds New Perspective - R3
BlackRock Equity Dividend I
Calvert Long Term Income Fund A
Cambiar Small Cap Inv
Columbia Acorn A
Columbia Select Large Cap Growth R
Credit Suisse Commodity Return Strategy Instl
Delaware US Growth R
Fidelity Advisor Materials A
Goldman Sachs Strategic Income R
Great West Aggressive Profile II Fund I
Great West Conservative Profile II Fund I
Great West Moderate Profile II Fund I
Invesco Corporate Bond R
Invesco Energy Fund - A
Invesco Mid Cap Core Equity Fund – A
Invesco Real Estate A
Ivy Science & Technology Y
Janus Triton S
Loomis Sayles Strategic Income A
Lord Abbett Fundamental Equity R3
MFS Utilities A
Oakmark Equity & Income II
Oakmark International II
Oppenheimer Developing Markets A
Oppenheimer Gold & Special Minerals A
PIMCO Real Return Fund A
PIMCO Total Return Fund - R
Putnam US Government Income Trust A
RidgeWorth High Income A
RidgeWorth Large Cap Value Equity A
T. Rowe Price Health Sciences Fund Inc.
Target Small Cap Value T
Templeton Global Bond A
Thompson Plumb Bond
Thornburg International Growth - R4
Vanguard Small Cap Growth Index
Vanguard Small Cap Index

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Continued

Forfeitures

Forfeitures are used first to pay Plan expenses. Forfeitures not used to pay Plan expenses are used to reduce employer contributions. The forfeitures account balances at December 31, 2014 and 2013 were $10,886 and $78,459, respectively.

Plan Amendments

The Plan conforms to the Eligible Automatic Contributions Arrangement (EACA) and Qualified Automatic Contribution Arrangement (QACA) safe harbors. Under these provisions, employees are subject to automatic salary deferral percentages based on years of participation for all eligible employees added after 2009. Employees may elect to defer either more or less than the automatic percentage up to the legal maximum. Employees already participating at December 31, 2009 continue the deferral arrangement they have authorized.

Administrative Expenses

Administrative costs directly attributable to the Plan are paid by the Plan. These costs include investment management and general administration fees. Certain amounts are deducted from participating accounts. All other costs directly related to the Plan are paid by the Sponsor. These costs include accounting, legal and administrative payroll fees and other office and administrative expenses.

NOTE 2 - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Interest and dividend income are recorded based on quarterly postings from investment company statements.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 - Continued

Risk and Uncertainties

The Plan's participants invest in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Reclassifications

Investments at December 31, 2013 have been reclassified to conform to investment categories presented at December 31, 2014.

Subsequent Events

Subsequent events have been evaluated through September 23, 2015, the date the financial statements were available to be issued. No material events occurred during this period.

NOTE 3 - Investments (Unaudited)

At December 31, 2014 and 2013, the Plan's investments were held by the Trustee. All investment information disclosed in the accompanying financial statements and supplemental schedule was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

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

Description	Type of Investment	December 31, 2014	2013
Oakmark Equity & Income II	Mutual Fund	$1,387,656	$ 547,711
RidgeWorth Large Cap Value Equity A	Mutual Fund	1,296,594	1,183,034
PIMCO Total Return Fund R	Mutual Fund	1,173,760	1,267,518
Key Guaranteed Portfolio Fund	Guaranteed Annuity	3,627,160	3,474,305
Delaware US Growth R	Mutual Fund	770,141	686,948

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as those held through the year) decreased in value by $265,225 Investment activity as certified by the Trustee for the year ended December 31, 2014 is summarized as follows:

Dividend and interest income	$ 963,213
Net depreciation in fair value of investments	$ 265,225
Administrative expenses and fees	$ 5,775

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - Fair Value Measurement

FASB ASC 820 provides a hierarchy for fair value measurement techniques. Assets in Level 1 are valued at quoted prices for identical assets in active markets. Level 2 assets are other securities not actively traded, but observable market inputs are readily available, and Level 1 securities with contractual restrictions. Level 3 refers to assets which are not actively traded and for which no significant observable market inputs are available. Using these standards, mutual funds have been designated Level 1, reporting net asset value as of the measurement date. Guaranteed income funds are deemed Level 2 assets, because they are guaranteed annuities with observable market comparisons. At December 31, 2014, fair value is not materially different from contract value. No Plan assets are designated Level 3.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Fair Value of Assets at December 31, 2014		
	Level 1	Level 2	Total
Mutual Funds:			
Asset allocation	$ 1,141,570	$ -	$ 1,141,570
International	851,269	-	851,269
Specialty	1,279,728	-	1,279,728
Small cap	1,290,008	-	1,290,008
Mid cap	454,050	-	454,050
Large cap	3,201,882	-	3,201,882
Balanced	1,387,656	-	1,387,656
Bond funds	2,186,770	-	2,186,770
Guaranteed Income Funds	-	3,638,046	3,638,046
Total investments	$11,792,933	$3,638,046	$15,430,979

	Fair Value of Assets at December 31, 2013		
	Level 1	Level 2	Total
Mutual Funds:			
Asset allocation	$ 986,832	$ -	$ 986,832
International	820,399	-	820,399
Specialty	808,158	-	808,158
Small cap	1,233,769	-	1,233,769
Mid cap	426,521	-	426,521
Large cap	2,789,234	-	2,789,234
Balanced	547,711	-	547,711
Bond funds	2,207,269	-	2,207,269
Guaranteed Income Funds	-	3,552,764	3,552,764
Total investments	$ 9,819,893	$3,552,764	$13,372,657

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - Plan Termination

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

NOTE 6 - Party-In-Interest Transactions

The Plan's investments are managed by Great-West Life & Annuity Insurance Company, which is the Trustee for the Plan. Additionally, the Plan held shares of pooled separate accounts, mutual funds, and money market funds managed by affiliates of the Trustee. Therefore, those investments qualify as exempt party-in-interest transactions. Party-in-interest transactions also include any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who own 50% or more of such employer or relative of such persons. The independent auditor of the Plan's financial statements is a service provider to the Plan and is considered a party-in-interest. Administrative fees and expenses charged by these parties-in-interest were $5,775 for the year ended December 31, 2014.

NOTE 7 - Tax Status

On March 31, 2008, the IRS stated that the prototype adopted by the Plan in 2011, as then designed, qualified under Internal Revenue Code (IRC) Section 401 (a). The prototype has been amended since the determination was made. The Plan has not received a determination letter subsequently specific to the Plan itself; however, the Plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles require management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan has no positions it considers would meet the criteria for accrual or disclosure.

The Plan is subject to routine audits by taxing jurisdictions. The Plan was examined by the IRS for the year ended December 31, 2011. There were no changes as a result of this examination. The administrator believes it is no longer subject to examination for the years prior to 2010.

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
EIN: 59-2871935 PLAN: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2014

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost[1]	(e) Current Value
	Allianz NFJ Small Cap Value Fund	Mutual Fund		$ 33,797
	American Century Mid Cap Value R	Mutual Fund		50,312
	American Funds Europacific Growth-R3	Mutual Fund		359,035
	American Funds New Perspective-R3	Mutual Fund		75,408
	Blackrock Equity Dividend I	Mutual Fund		312,963
	Calvert Long Term Income Fund A	Mutual Fund		75,680
	Cambiar Small Cap Inv	Mutual Fund		721,235
	Columbia Acorn A	Mutual Fund		198,939
	Columbia Select Large Cap Growth R	Mutual Fund		533,772
	Credit Suisse Commodity Return Strategy Instl	Mutual Fund		770,141
	Delaware US Growth R	Mutual Fund		9,497
	Fidelity Advisor Materials A	Mutual Fund		75,280
	Goldman Sachs Strategic Income R	Mutual Fund		41,332
*	Great West Conservative Profile II Fund I	Mutual Fund		357,717
*	Great West Moderate Profile II Fund I	Mutual Fund		605,499
*	Great West Aggressive Profile II Fund I	Mutual Fund		178,354
	Invesco Energy Fund A	Mutual Fund		73,389
	Invesco Mid Cap Core Equity Fund -A	Mutual Fund		204,798
	Invesco Real Estate A	Mutual Fund		310,125
	Ivy Science & Technology Y	Mutual Fund		184,999
	Janus Triton S	Mutual Fund		415,806
	Loomis Sayles Strategic Income A	Mutual Fund		386,202
	Lord Abbett Fundamental Equity R3	Mutual Fund		288,411
	MFS Utilities A	Mutual Fund		220,692
	Oakmark Equity & Income II	Mutual Fund		1,387,656
	Oakmark International II	Mutual Fund		198,969
	Oppenheimer Developing Markets A	Mutual Fund		122,100
	Oppenheimer Gold & Special Minerals A	Mutual Fund		10,530
	PIMCO Real Return Fund A	Mutual Fund		153,784
	PIMCO Total Return Fund R	Mutual Fund		1,173,760
	Putnam US Government Income Trust A	Mutual Fund		57,884
	RidgeWorth High Income A	Mutual Fund		114,636
	RidgeWorth Large Cap Value Equity A	Mutual Fund		1,296,595
	T. Rowe Price Health Sciences Fund Inc.	Mutual Fund		395,217
	Target Small Cap Value T	Mutual Fund		15,328
	Templeton Global Bond A	Mutual Fund		90,525
	Thompson Plumb Bond	Mutual Fund		92,968
	Thornburg International Growth-R4	Mutual Fund		95,757
	Vanguard Small Cap Growth Index	Mutual Fund		74,260
	Vanguard Small Cap Index Fund	Mutual Fund		29,581
*	Key Guaranteed Portfolio Fund	Guaranteed Annuity Contract		3,627,160
*	Key Guaranteed Portfolio - Unallocated	Guaranteed Annuity Contract		10,886
				$15,430,979

[1] - Cost information has been omitted because investments are 100% participant directed.
* - Denotes party-in-interest.

ANDERSON COLUMBIA COMPANY, INC.
401(k) SALARY REDUCTION PLAN AND TRUST
EIN: 59-2871935 PLAN: 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

There were no Category (i), (ii), (iii), or (iv) reportable transactions during the Plan year ended December 31, 2014.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Anderson Columbia Co., Inc. 401(k) Salary Reduction Plan and Trust

01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PBAXCP			369,123.54	357,717.35
1PBAXMP			597,851.84	605,499.17
1PBAXAP			192,498.24	178,353.84
192AFEP			303,855.20	359,034.87
198AFNP			62,772.96	75,408.40
1OARIX			170,032.02	198,968.86
1ODMAX			118,460.70	122,099.67
1TINVX			85,669.60	95,756.96
1CRSOX			11,874.97	9,497.33
1FMFAX			75,221.54	75,279.57
1IENAX			90,220.23	73,389.00
1IARAX			287,386.72	310,124.94
1WSTYX			155,880.69	184,998.59
1MMUFX			211,662.85	220,691.66
1OPGSX			18,462.02	10,529.66
1PRHSX			329,767.94	395,216.97
1PCVAX			38,185.60	33,797.31
1CAMSX			673,590.37	721,235.38
1JGMIX			340,052.42	415,806.19
1TASVX			15,052.28	15,327.63
1VISGX			58,492.82	74,260.22
1NAESX			24,897.08	29,581.22
1AMVRX			47,912.84	50,312.48
1LACAX			193,147.92	198,939.45
1GTAGX			199,242.35	204,798.13
1MADVX			280,430.54	312,963.38
1URLGX			435,220.89	533,772.40
1DEURX			677,158.41	770,141.34
1LAVRX			293,996.23	288,410.58
1SVIIX			1,064,716.81	1,296,594.28
1OARBX			1,396,792.73	1,387,656.35
1CLDAX			79,362.34	75,679.50
1GSZRX			42,567.44	41,332.05
1NEFZX			363,773.14	386,201.97
1PRTNX			166,071.50	153,784.32
1PTRRX			1,204,748.80	1,173,759.60
1PGSIX			58,018.64	57,884.39
1SAHIX			120,681.41	114,636.25
1TPINX			95,639.98	90,524.66
1THOPX			96,750.14	92,967.56
1KGPF		1.200	3,509,090.95	3,627,160.08
			14,556,334.69	**15,420,093.56**
FORFEITURES			10,130.33	10,885.53

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Anderson Columbia Co., Inc. 401(k) Salary Reduction Plan and Trust

01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PBAXCP	Great-West Conserv Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I
198AFNP	American Funds New Perspective R3
1ODMAX	Oppenheimer Developing Markets A
1CRSOX	Credit Suisse Commodity Ret Strat Instl
1IENAX	INVESCO Energy Fund - A
1WSTYX	Ivy Science & Technology Y
1OPGSX	Oppenheimer Gold & Special Minerals A
1PCVAX	AllianzGI NFJ Small Cap Value A
1JGMIX	Janus Triton S
1VISGX	Vanguard Small Cap Growth Index
1AMVRX	American Century Mid Cap Value R
1GTAGX	Invesco Mid Cap Core Equity A
1URLGX	Columbia Select Large Cap Growth R
1LAVRX	Lord Abbett Fundamental Equity R3
1OARBX	Oakmark Equity & Income II
1GSZRX	Goldman Sachs Strategic Income R
1PRTNX	PIMCO Real Return A
1PGSIX	Putnam US Government Income Trust A
1TPINX	Templeton Global Bond A
1KGPF	Key Guaranteed Portfolio Fund
1PBAXMP	Great-West Moderate Profile II Fund I
192AFEP	American Funds EuroPacific Gr R3
1OARIX	Oakmark International II
1TINVX	Thornburg International Growth R4
1FMFAX	Fidelity Advisor Materials A
1IARAX	Invesco Real Estate A
1MMUFX	MFS Utilities A
1PRHSX	T. Rowe Price Health Sciences
1CAMSX	Cambiar Small Cap Inv
1TASVX	Target Small Capitalization Value T
1NAESX	Vanguard Small Cap Index Fund
1LACAX	Columbia Acorn A
1MADVX	BlackRock Equity Dividend Instl
1DEURX	Delaware US Growth R
1SVIIX	RidgeWorth Large Cap Value Equity A
1CLDAX	Calvert Long Term Income A
1NEFZX	Loomis Sayles Strategic Income A
1PTRRX	PIMCO Total Return Fund - R
1SAHIX	RidgeWorth High Income A
1THOPX	Thompson Bond Fund

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