Form 5500	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104			OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retiremen	t Income Security Act of 1974 (ERISA) and a) of the Internal Revenue Code (the Code).		2014		
Department of Labor Employee Benefits Security Administration		ries in accordance with s to the Form 5500.		2014		
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection		blic	
	ntification Information					
For calendar plan year 2014 or fiscal	plan year beginning 01/01/2014	and ending 12/31/20)14			
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking participating employer information in acco			ons); or	
	a single-employer plan;	a DFE (specify)				
B This return/report is:	the first return/report;	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-bargair	ned plan, check here			•		
D Check box if filing under:	× Form 5558;	automatic extension;	the DFVC program;			
5	special extension (enter description)					
Part II Basic Plan Infor	mation—enter all requested informatio	n				
1a Name of plan	CIATES, INC. PROFIT SHARING & 401(I		1b	Three-digit plan number (PN) ▶	002	
			1c	Effective date of pla 01/01/1970	ิมา	
2a Plan sponsor's name and addres	ss; include room or suite number (employ	/er, if for a single-employer plan)	2b	Employer Identifica	tion	
DEGGINGER MCINTOSH & ASSOC	CIATES, INC.			Number (EIN) 91-0751907		
P.O. BOX 1400 MUKILTEO, WA 98275	3977 HARBO MUKILTEO,	3977 HARBOUR POINTE BLVD		Plan Sponsor's tele number 425-740-5200	•	
MUNILIEU, WA 30273	MUNILIEU,	VIA 30213	2d Business code (see instructions) 524210		;	

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	Filed with authorized/valid electronic signature.	10/15/2015	KEITH DEGGINGER		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	KEITH DEGGINGER		
NERE	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 individu	al signing as DFE	
Preparer	's name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)			
For Pap	erwork Reduction Act Notice and OMB Control Numbers. see	the instructions for	- Form 5500	Form 5500 (2014)	

3a	Plan administrator's name and address XSame as Plan Sponsor	3b Administrator's EIN		
		3c Admir numb	nistrator's telephone per	
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		
а	Sponsor's name	4c PN		
5	Total number of participants at the beginning of the plan year	5	41	
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)	30	
a(2) Total number of active participants at the end of the plan year	. 6a(2)	35	
b	Retired or separated participants receiving benefits	. 6b	0	
С	Other retired or separated participants entitled to future benefits	. 6c	11	
d	Subtotal. Add lines 6a(2), 6b, and 6c.	. 6d	46	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0	
f	Total. Add lines 6d and 6e	. 6f	46	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	46	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	. 6h	2	
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 Cod 2E 2F 2G 2J 2K 3D	les in the ins	structions:	

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

9a	a Plan funding arrangement (check all that apply)			9b Plan benefit arrangement (check all that apply)				rrangement (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)	Х		Trust
	(4)		General assets of the sponsor		(4)			General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)							
a Pension Schedules					b General Schedules			
	(1)	×	R (Retirement Plan Information)		(1)			H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X		I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)	X		1 A (Insurance Information)
			actuary		(4)			C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)	Х		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(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.)					
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.)					
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 (Form 5500		Insuran	ce Informatio	n		O	MB No. 1210-0110	
Department of the Treas Internal Revenue Serv	sury	This schedule is required Employee Retirement In					2014	
Department of Labo Employee Benefits Security Ad		▶ File as an attachment to Form 5500.						
Pension Benefit Guaranty Co						This Fo	rm 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 DEGGINGER MCINTOSH & ASSOCIATES, INC. PROFIT SHARING & 401(K) PLAN				B Threplan	e-digit number (P	N) 🕨	002	
C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) DEGGINGER MCINTOSH & ASSOCIATES, INC. 91-0751907								
		ning Insurance Contract						
1 Coverage Information:								
(a) Name of insurance ca	rrier							
THE GUARDIAN INSUR	ANCE & ANNU	UITY COMPANY, INC.						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate ne persons covered a			,	contract year	
	code	identification number	policy or contrac		(f) From		(g) To	
13-2656036	78778	600729	:	27	01/01/20)14	12/31/2014	
2 Insurance fee and com descending order of the		nation. Enter the total fees and tot	al commissions paid. L	ist in line 3.	the agents,	brokers, and	other persons in	
(a) Total a	amount of com	nmissions paid		(b) To	otal amount	of fees paid		
		2238					0	
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all	persons).				
	. /	and address of the agent, broker,		m commiss	ions or fees	s were paid		
DEGGINGER MCINTOSH & ASSOCIATES INC 90 BOX 1400 3977 HARBOUR POINTE BLVD SW MUKILTEO, WA 98275								
(b) Amount of sales ar	nd base	Fee	es and other commissio	ns paid				
commissions pa	id	(c) Amount		(d) Purpos	Э		(e) Organization code	
	2238	0					3	
	(a) Name	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid		
			s and other commissio	no noid				

(b) Amount of sales and base	I					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
For Denominant Deduction Act Nation and OND Control Numbers, and the instructions for Form FE00						

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

Schedule A (Form 5500) 2014 v. 140124

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

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

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

(b) Amount of sales and base	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
			l
			1

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

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

Schedule A (Form 5500) 2014

Page 3

Ρ	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	ects with each carrier ma	whe treated as a l	init for nurnoses of	
		this report.				
		ent value of plan's interest under this contract in the general account at year			4	4851
		ent value of plan's interest under this contract in separate accounts at year en	nd		5	289302
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			. 6b	
	С	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor retention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	•	Type of contract: (1) \Box individual policies (2) \Box group deformed				
	е	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 termin	ating plan	check here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•	a	Type of contract: (1) \prod deposit administration (2) \prod immedia		• •		
		(3)		<u>j</u>		
	b	Balance at the end of the previous year			. 7b	4710
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		0	
		(2) Dividends and credits	7c(2)		0	
		(3) Interest credited during the year	. 7c(3)		142	
		(4) Transferred from separate account	7c(4)		0	
		(5) Other (specify below)	. 7c(5)		0	
		•				
		(6)Total additions				142
		Total of balance and additions (add lines 7b and 7c(6))	 I		. 7d	4852
	е	Deductions:	7-(4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account(4) Other (specify below)	. 7e(3) . 7e(4)		0	
			. / (-)			
		۲				
					- (5)	
	£	(5) Total deductions			7e(5)	1
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)			. 7f	4851

Schedule A (Form 5500) 2014

F	Page 4	

Part III Welfare Benefit Contract Information If more than one contract covers the same generation may be combined for reporting performation may be combined for reporting performance of such individual contracts	roup of employees of the sourposes if such contracts	are experience	ce-rated as a unit. Wh	nere contract	
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 disabili	ty g	Supplemental unem	ployment	h Prescription drug
i Stop loss (large deductible)	j 🗌 HMO contract	k	PPO contract		I Indemnity contract
m ☐ Other (specify) ►	_		_		
9 Experience-rated contracts:					
a Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpai	d	9a(2)			
(3) Increase (decrease) in unearned premium re	serve	9a(3)			
(4) Earned ((1) + (2) - (3))				. 9a(4)	
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)	
(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					_
(C) Other specific acquisition costs					
(D) Other expenses					
(E) Taxes					
(F) Charges for risks or other contingencies.					
(G) Other retention charges		9c(1)(G)		_	
(H) Total retention				. 9c(1)(H)	
(2) Dividends or retroactive rate refunds. (Thes	e amounts were 🗌 paid ir	n cash, or	credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	r retirement	. 9d(1)	
(2) Claim reserves				. 9d(2)	
(3) Other reserves				. 9d(3)	
e Dividends or retroactive rate refunds due. (Do r	not include amount entered	d 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 incurretention of the contract or policy, other than rep	red any specific costs in c	connection wit	th the acquisition or	. 10b	

Specify nature of costs

Part IV	Provision of Information		
11 Did th	e 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 D DFE/Participating Plan Information (Form 5500)					1210-0110		
Dep	artment of the Treasury ernal Revenue Service		s required to be filed under section 104 of the rement Income Security Act of 1974 (ERISA)		20	14		
	Department of Labor lenefits Security Administration		File as an attachment to Form 5500.		This Form is Open to Public Inspection.			
For calenda	ar plan year 2014 or fiscal p	l plan year beginning	01/01/2014 and	d ending 12/	/31/2014			
A Name of DEGGINGE	plan R MCINTOSH & ASSOCIA	ATES, INC. PROFIT S	SHARING & 401(K) PLAN	B Three-digit plan numb	ber (PN)	002		
	DFE sponsor's name as sho R MCINTOSH & ASSOCI/		n 5500	D Employer lo 91-075190	dentification Numbe 7	r (EIN)		
Part I	(Complete as many	entries as needed	CTs, PSAs, and 103-12 IEs (to be co to report all interests in DFEs) GUARDIAN SEPARATE ACCT L	mpleted by pla	ans and DFEs)			
-	f sponsor of entity listed in		IAN INSURANCE & ANNUITY CO					
C EIN-PN	13-2656036-000	d Entity P code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction	,		289302		
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction					
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction					
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction					
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction					
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction					
a Name o	f MTIA, CCT, PSA, or 103-	12 IE:						
b Name o	f sponsor of entity listed in	(a):						
C EIN-PN		d Entity code	Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction)					

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

Schedule D (Form 5500) 20)14	Page 2 - 1
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	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	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	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	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	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	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	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	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	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)

Page **3 -** 1

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	le	
b	Name o plan spo		C EIN-PN
а	Plan na	le	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
	Plan na		
b	Name o plan spo		C EIN-PN

Charm 5500) Description of the solution of the solution of the operation of the operat		SCHEDULE I	Financial Inf	form	ation—Sr	nall	Plan			OMB No. 1210-01	10			
Description This schedule is realized to be filed under section 104 of the Employee Internet Revenue Code (the Code). This schedule is realized to 194 (Efficic), and section 503(8) of the Internet Revenue Code (the Code). Prevenue Revenue Total Answer Revenue Code (the Code). This schedule is realized to 294 (Efficic), and section 503(8) of the Internet Revenue Code (the Code). This schedule is realized to 294 (Efficic), and schedule to 294 (Effic), and schedule to 294 (Ef						man	i iaii	-	2014					
Desting of USA This Form is Open to Public Impact Network Clauracy Conjugatoria Price advanced provides Provide Network Dearby Conjugatoria File as an attachment to Form 5500. This Form is Open to Public Impact Network Dearby Conjugatoria Price advanced price DEGCINGER MCINTOSH & ASSOCIATES, INC. PROFIT SHAINO & 401(K) PLAN B Three-digit pinn number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 D Employee Identification Number (EIN) 002 Complete Schedule If the plan converted fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule II reporting as a small plan under the 80-120 participant rule (see instructions). Complete Schedule II reporting as a large plan or DFE. Perint Part I Small Information Total despine of the plan or DFE. Perint Information Report below the current value of assets and Liabilities. Income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in mode rule assets. Round off monutons to the hearest dolls. 1 60 Beginning of Year (b) End of Year Interance carring, seeses, and Transfers for this Plan Year 2a(0) 0 643507 (b) Total Conthutions neceled or medivable Englishest 2a(0) 0 2a(0) 0 2a(0) <th< th=""><th></th><th>Department of the Treasury</th><th></th><th></th><th></th><th></th><th></th><th></th><th colspan="5">_</th></th<>		Department of the Treasury							_					
Instruct Standt Garang Coputitie Instruction Instruction <thi< th=""><th></th><th>Department of Labor</th><th>Internal I</th><th>Revenue</th><th>e Code (the Cod</th><th>e).</th><th>n 6058(a)</th><th>of the</th><th colspan="5">This Form is Open to Public</th></thi<>		Department of Labor	Internal I	Revenue	e Code (the Cod	e).	n 6058(a)	of the	This Form is Open to Public					
A Name of plan DEGUNTOGH & ASSOCIATES. INC. PROFIT SHARING & 401(K) PLAN B Three-digit plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 D Engloyer Identification Number (EIN) 002 Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 01-20 participant in de (see instructions). Complete Schedule H if roporting as a large plan or the 10-120 participant in de (see instructions). Complete Schedule H if roporting as a large plan or DFE. Part II Small Plan Financial Information Income and expenses transfers and changes in net assets during the plan year. Combine the value of plan seers to pay a specific dolar during any trust(s) or separately minimatine fund(s) and any paymentify/coapts to/form insurance contract that quarantees (subtract in the form line 1a). 10 0 0 1 Plan Assets (subtract in the form line 1a). 10 0 0 0 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total 0 0 2 Income, Expenses, and Transfers for this Plan Year: 2a(0) 0 0 0 0 0 3 Other including rollowers) 2a(2) 0 0 0 0 0 0 0 0					nment to Form					inspection				
DEGGINGER MCINTOSH & ASSOCIATES, INC. PROFIT SHARING & 401(K) PLAN plan number (PN) 002 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) Second Call Line Control			ear beginning 01/01/201	14		_			31/2014					
DEGGINGER MCINTOSH & ASSOCIATES, INC. 91-0751907 Complete Schedule if the plan covered fever than 100 participants as of the baginning of the plan year. You may also complete Schedule if you are filing as a single plan or DFE. Part I Small Plan Financial Information Report below the current value of assets and labilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of the print of an insurance carriact that guarantees during this plan year to pay a specific data any payments/receipts toting any trust(s) or separately maintained trust(s) and any payments/receipts toting any trust(s) or separately maintained trust(s) and any payments/receipts toting any trust(s) or separately maintained trust(s) and any payments/receipts toting and trust othe nearest dular. 1 Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 2 Total plan masets. 1b 0 0 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total 3 Other plan ossets (including rollovers) 2a(3) 0 4 Total plan tiabilities. 2a(1) 10000 (a) Attrastic receivador or receivable: 2a(2) 0 (b) Fortal 2a(3) 0 6 Total plan isobilitions (see instructions) 2a 0 6 Total plan (abdilines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2a 24////////////////////////////////////		•	6, INC. PROFIT SHARING &	401(K)	PLAN		0		•	002				
small plan under the 80-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan or DFE. Part I Small Plan Financial Information Report below the current value of assets and labilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets field in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a lative date. Include and entremets one trust. Point of enter the value of the portion of an insurance contract that guarantees during the plan year to pay a specific dollar benefit at a lative date. Include and entremets one of the plan sets. I Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year I Total plan asset. 1a 631307 648906 C Net plan assets (subtract line 1b from line 1a) 1c 631307 648906 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total (c) Dentifying roll (c) transfers for this Plan Year: 2a(3) 0 (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 0 2d (e) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 0 2d (f) Temployers 2g 0 0 0 2d (g) Concide ender distributions (see instructions) 2d 0 <td< th=""><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th>on Numbe</th><th>er (EIN)</th><th></th></td<>		-							on Numbe	er (EIN)				
Report below the current value of assets and itabilities, income, expenses, itransfers and changes in net assets full more than one true. Do not ent in event wells of 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. 1 Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 6 Control plan issues 1 (b) End of Year (b) End of Year 6 Control plan issets 1 (b) End of Year (b) End of Year 6 Notal plan assets 1 (b) End of Year (c) Edd000 7 Total plan assets 1 (c) Edd10000 (c) Edd10000 7 Contributions received or receivable: (c) Edd10000 (c) Total (b) Total 8 Contributions received or receivable: 2 0 (b) Total 9 Noncash contributions 2b 0 0 1 Total income (ad lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 0 24335 1 Control wold received providers (aslaries, fees, and commissions) 2h 11335 24335 1 Total income (ad lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 0 24335									ete Scheo	dule I if you are fili	ng as a			
assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a turne date. Include and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts form insurance carriers. Round off amounts to the nearest dollar. Plan Assets and Liabilities: ia 631307 648906 Total plan assets ia 631307 648906 Total plan assets (subtract line 1b from line 1a) 1c 631307 648906 Total plan iabilities: ia 631307 648906 Total plan table ib 0 0 0 Contributions received or receivable: (a) Amount (b) Total 648906 (3) Others (including rollovers) 2a(2) 0 0 0 (3) Others (including rollovers) 2a 648313 648313 (4) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d 24335 (5) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d 24335 (6) Total income (add lines 2a, 2a, 2b, and 2b) 2b 0 0 (6) Total income (add lines 2a, 2a, 2b, and 2b) 2d 0 0 (7) Total income (add lines 2a, 2a, 2b	Ра	rt I Small Plan Financial Info	ormation											
a Total plan assets 1a (1) 2 (1)	ass ben	ets held in more than one trust. Do not e efit at a future date. Include all income a	enter the value of the portion and expenses of the plan inc	of an ins	surance contrac	t that g	uarantees	during th	is plan ye	ear to pay a specif	fic dollar			
b Total plan liabilities 1b 0 0 c Net plan assets (subtract line 1b from line 1a) 1c 631307 648906 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: 2a(1) 10000 (1) Employers 2a(1) 10000 (2) Participants 2a(2) 0 (3) Others (including rollovers) 2a(3) 0 (1) Employer 2a(3) 0 (2) Participants 2a(2) 0 (3) Other income 2a 2a(3) 0 (2) Data income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d 24335 (3) Other income 2f 0 0 0 (3) Cheristrons) 2f 0 0 0 (4) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2j 2j 0 0 (4) Total expenses (add lines 2a, 2f, 2g, 2h, and 2) 2j 2j 0 0 0	1	Plan Assets and Liabilities:			(a) Be	ginning	g of Year			(b) End of Yea	r			
10 10 631307 648906 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: 2a(1) 10000 (2) Participants 2a(2) 0 (3) Others (including rollovers) 2a(3) 0 b Noncash contributions 2b 0 c Others (including offections) 2d 2d d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d g Corrective distributions (see instructions) 2t 0 g Corrective distributions of participant loans (see instructions) 2t 0 it noome (loss) (subtract line 2) from line 2d) 2t 0 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 0 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 0 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 0 0 j Tot	а	Total plan assets		1a			6	631307			648906			
Vert pain asses (southat the full numme fa) 10 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: 2a(1) 100000 (2) Participants 2a(2) 0 (3) Others (including rollovers) 2a(3) 0 b Noncash contributions 2b 0 c Onthol income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d c Certain deemed distributions (see instructions) 2f 0 g Corrective distributions (see instructions) 2f 0 g Corrective distributions (see instructions) 2g 0 g Christical and the plan (sea (all ses 2e, 2l, 2g, 2h, and 2l)) 2g 0 g Christical and the plan (sea (all ses 2e, 2l, 2g, 2h, and 2l)) 2g 0 i Total expenses (add lines 2e, 2l, 2g, 2h, and 2l) 2i 0 i Total expenses (add lines 2e, 2l, 2g, 2h, and 2l) 2i 0 i Total expenses (add lines 2e, all, and the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan set of the	b	Total plan liabilities		1b				_			-			
a Contributions received or receivable: 2a(1) 10000 (1) Employers 2a(2) 0 (2) Participants 2a(2) 0 (3) Others (including rollovers) 2a(3) 0 b Noncash contributions 2b 0 c Other income 2c 14335 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d c C other income 2c 14335 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d g Enefits paid (including direct rollovers) 2e 6586 C Cretive distributions (see instructions) 2f 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 6736 k Net income (loss) (subtract line 2j from line 2d) 2k 17599 l Transfers to (from) the plan yea: Altrime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. May of the following trust ontaining the assets of more than one plan on a line- by-line basis unless the trust meets one of	С	Net plan assets (subtract line 1b from I	ine 1a)	1c			6	631307		648906				
(1) Employers 2a(1) 10000 (2) Participants 2a(2) 0 (3) Others (including rollovers) 2a(3) 0 (b) Noncash contributions 2b 0 (c) Other income 2c 14335 (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d (e) Benefits paid (including direct rollovers) 2e 6586 (f) Corrective distributions (see instructions) 2f 0 (g) Certain deemed distributions of participant loans (see instructions) 2g 0 (g) Certain deemed distributions of participant loans (see instructions) 2g 0 (f) Other expenses. 2i 0 (f) Total expenses (add lines 2e, 2l, 2g, 2h, and 2l) 2i 0 (f) Tansfers to (from) the plan (see instructions) 2l 0 (f) Tansfers to form) the plan (see instructions) 2l 17599 (f) Tansfers to form) the plan so the end of the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. May of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. May of the following categories, check "Yes" and enter the current value of any assets of more t	2	Income, Expenses, and Transfers fo	r this Plan Year:		(a) Amo	ount			(b) Total				
(2) Participants	а	Contributions received or receivable:												
(a) Others (including rollovers) 2a(3) 0 (b) Noncash contributions 2b 0 (c) Other income 2c 14335 (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d (d) Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d (e) Benefits paid (including direct rollovers) 2f 0 (g) Certain deemed distributions (see instructions) 2f 0 (g) Certain deemed distributions of participant loans 2g 0 (g) Corrective distributions (see instructions) 2h 150 (a) Other expenses 2i 0 (a) Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2k 17599 (a) Transfers to (from) the plan (see instructions) 2l 0 (a) Specific Assets: If the plan held assets at anytime during the plan vear. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions. 3a X (a) Partnership/joint venture interests 3a X 328900 (c) Real estate (othe		(1) Employers		2a(1)				10000						
i) Others (including followis) including followis) ii) Noncash contributions 2b 0 ii) Other income 2c 14335 iii) Other income 2d 24335 iii) Other income 2d 24335 iii) Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d iii) Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d iii) Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d iii) Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2f 0 iii) Other expenses 2i 0 iii) Other expenses 2g 0 iii) Other expenses 2i 0 iii) Other expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2i 0 iii) Other expenses (add lines 2i, 2f, 2g, 2h, and 2i) 2i 0 iii) Total expenses (add lines 2i from line 2d) 2k 17599 iii) Transfers to (from) the plan (see instructions) 2i 17599 iii) Transfers to (from) the plan set at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in		(2) Participants		2a(2)				0						
C Other income 2c 14335 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2d 24335 e Benefits paid (including direct rollovers) 2e 6586 6586 f Corrective distributions (see instructions) 2f 0 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 0 i Other expenses 2i 0 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 0 6736 k Net income (loss) (subtract line 2j from line 2d) 2k 17599 17599 l Transfers to (from) the plan (see instructions) 2l 0 6736 s Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commanded trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. 1 d Partnership/joint venture interests 3a X 328900 d Employer real property <th></th> <th>(3) Others (including rollovers)</th> <th></th> <th>2a(3)</th> <th></th> <th></th> <th></th> <th>0</th> <th></th> <th></th> <th></th>		(3) Others (including rollovers)		2a(3)				0						
a Description 2d 24335 a Contractive distributions (see instructions) 2e 6586 f Corrective distributions (see instructions) 2f 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 i Other expenses 2i 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 6736 k Net income (loss) (subtract line 2j from line 2d) 2k 17599 i Transfers to (from) the plan (see instructions) 2l 6736 specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan set one of the specific exceptions described in the instructions. Yes No Amount a Partnership/joint venture interests 3a X 3a X b Employer real property 3b X 3b X 328900 d Employer securities 3d X 3a X 328900 3a	b	Noncash contributions		2b				0						
a Hotal integrate (add integrate(1), 2a(2), 2a(3), 2b, and 2b) 2a 6586 b Benefits paid (including direct rollovers) 2e 6586 f Corrective distributions (see instructions) 2f 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 h Administrative service providers (salaries, fees, and commissions) 2h 150 i Other expenses 2i 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 6736 k Net income (loss) (subtract line 2j from line 2d) 2k 17599 i Transfers to (from) the plan (see instructions) 2l 0 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. a Partnership/joint venture interests 3a X b Employer real property 3c X 328800 d Employer securities	С	Other income		2c				14335						
Corrective distributions (see instructions) 2f 0 g Certain deemed distributions of participant loans (see instructions) 2g 0 h Administrative service providers (salaries, fees, and commissions) 2h 150 i Other expenses 2i 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 6736 k Net income (loss) (subtract line 2j from line 2d) 2k 17599 l Transfers to (from) the plan (see instructions) 2l 17599 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Yes No Amount a Partnership/joint venture interests 3a X 3a X b Employer real property 3b X 328900 328900 328900 d Employer securities 3a X 328900 328900 328900 328900	d	Total income (add lines 2a(1), 2a(2), 2a	a(3), 2b, and 2c)	2d							24335			
Certain deemed distributions of participant loans (see instructions)	е	Benefits paid (including direct rollovers)	2e				6586						
(see instructions)	f	Corrective distributions (see instruction	ns)	2f				0						
i Other expenses 2i 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	g			2g				0						
i i	h	Administrative service providers (salari	es, fees, and commissions)	2h				150						
intervention of the plan is bound of the plan is plan in the plan is intervent in the plan	i	Other expenses		2i				0						
I Transfers to (from) the plan (see instructions) Image: Section of the plan (see instructions) Image: Section of the plan (see instructions) 3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. a Partnership/joint venture interests b Employer real property c Real estate (other than employer real property) d 3d d X e Partnership/ant loans	j	Total expenses (add lines 2e, 2f, 2g, 2	h, and 2i)	2j							6736			
 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Yes No Amount Partnership/joint venture interests	k	Net income (loss) (subtract line 2j from	line 2d)	2k							17599			
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions. Yes No Amount a Partnership/joint venture interests 3a X b Employer real property 3b X c Real estate (other than employer real property) 3c X 328900 d Employer securities 3d X 328900 10731 3e X 10731	I	Transfers to (from) the plan (see instru	ctions)	21										
aPartnership/joint venture interests3aXbEmployer real property3bXcReal estate (other than employer real property)3cXdEmployer securities3dXeParticipant loans3eX10731	3	remaining in the plan as of the end of the	plan year. Allocate the value o	f the plar	n's interest in a co									
a random point ventore interests and the interest and					Г		Yes	1 1		Amount				
C Real estate (other than employer real property)	а	Partnership/joint venture interests				3a								
d Employer securities 3d X e Participant loans 3e X	b	Employer real property				3b		X						
e Participant loans	С	Real estate (other than employer real p	property)			3c	X				328900			
	d	Employer securities				3d		Х						
	е	Participant loans				3e	Х				10731			

the instructions for Form 5 ວບບ

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		Х	

Pa	art II	Compliance Questions				
4	During	the plan year:		Yes	No	Amount
а	describe	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	year or o	y loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the int's account balance.	4b		x	
С		y leases to which the plan was a party in default or classified during the year as tible?	4c		x	
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions on line 4a.)	4d		x	
е	Was the	plan covered by a fidelity bond?	4e	Х		750000
f		blan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		x	
g		blan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		x	
h		blan receive any noncash contributions whose value was neither readily determinable on an ned market nor set by an independent third party appraiser?	4h		X	
i		blan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest?	4i		х	
j		the plan assets either distributed to participants or beneficiaries, transferred to another plan, ht under the control of the PBGC?	4j		X	
k	accounta	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the	plan failed to provide any benefit when due under the plan?	41		Х	
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	4m		×	
n		is answered "Yes," check the "Yes" box if you either provided the required notice or one of providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a re	solution 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......

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 sec	ction 4021)? 🏾 Yes 🗌 No 📄 No	t determined
Part III	Trust Information (optional)		
6a Name of	f trust	6b Trust's EIN	

	SCHEDULE R	Retirement Plan Inf	formation			OM	B No. 1	210-011	10	
	(Form 5500)				2014					
	Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section									
	Department of Labor	- 6058(a) of the Internal Revenue 0			Th		m is O Inspec	pen to	Publ	ic
	nployee Benefits Security Administration Pension Benefit Guaranty Corporation	 File as an attachment to 	Form 5500.				inspec			
	calendar plan year 2014 or fisca	I plan year beginning 01/01/2014	and endin	g 12/:	31/201	4				
	ame of plan GINGER MCINTOSH & ASSOC	IATES, INC. PROFIT SHARING & 401(K) PLAN	В	Three-di plan nu (PN)	0		002	2		
	lan sponsor's name as shown or GINGER MCINTOSH & ASSOC		D	Employe 91-0751		ificatio	n Num	ber (El	N)	
Par	rt I Distributions									
All r	eferences to distributions rela	te only to payments of benefits during the plan	year.							
1		in property other than in cash or the forms of proper								
•				<u> </u>	1					0
2	Enter the EIN(s) of payor(s) wh payors who paid the greatest d	o paid benefits on behalf of the plan to participants o ollar amounts of benefits):	or beneficiaries during t	he year (if	more t	nan two	o, ente	r EINs	of the	two
	EIN(s): <u>13-2656036</u>									
	Profit-sharing plans, ESOPs,	and stock bonus plans, skip line 3.								
3		r deceased) whose benefits were distributed in a sin			3					
Pa	ERISA section 302, s	ation (If the plan is not subject to the minimum func- kip this Part)	ding requirements of se	ction of 41	2 of th	e Interr	nal Rev	enue C	Code	or
4	Is the plan administrator making a	an election under Code section 412(d)(2) or ERISA sec	tion 202(d)(2)2		Υ	es	Π	No		
			(IION 302(0)(2)?							N/A
	If the plan is a defined benefi		(lion 302(u)(2)?							N/A
5	If a waiver of the minimum fund		is					Year _		
5	If a waiver of the minimum fund plan year, see instructions and	t plan, go to line 8. ling standard for a prior year is being amortized in th	is . Date: Month _		Day .			Year _		
-	If a waiver of the minimum func- plan year, see instructions and If you completed line 5, comp a Enter the minimum required	t plan, go to line 8. Ing standard for a prior year is being amortized in th enter the date of the ruling letter granting the waiver	is Date: Month It complete the remair ar accumulated funding	nder of this	Day .			Year _		
6	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived)	t plan, go to line 8. ling standard for a prior year is being amortized in th enter the date of the ruling letter granting the waiver olete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year	is . Date: Month t complete the remair ar accumulated funding	nder of this	Day . s sche			Year _		
6	 If a waiver of the minimum fundplan year, see instructions and If you completed line 5, compa a Enter the minimum required deficiency not waived) b Enter the amount contribute c Subtract the amount in line 	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result	is Date: Month ot complete the remair ar accumulated funding	nder of this 	Day . s sche a b			Year _		
6	 If a waiver of the minimum fundplan year, see instructions and If you completed line 5, compa a Enter the minimum required deficiency not waived) b Enter the amount contribute c Subtract the amount in line 	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ded by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result eft of a negative amount)	is Date: Month ot complete the remair ar accumulated funding	nder of this 	Day . s sche			Year _		
6	 If a waiver of the minimum function plan year, see instructions and If you completed line 5, completed line 5, completed line 5, completed line 5, completed line 6, completed line 6, skip B Enter the minimum required deficiency not waived) B Enter the amount contribute C Subtract the amount in line (enter a minus sign to the left you completed line 6c, skip 	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ded by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result eft of a negative amount)	is Date: Month It complete the remair ar accumulated funding	nder of this 6	Day . s sche a b			Year		
6 7	 If a waiver of the minimum fundplan year, see instructions and If you completed line 5, completed line (enter a minum required) b Enter the amount contribute C Subtract the amount contribute (enter a minus sign to the left you completed line 6c, skip) Will the minimum funding amound lift a change in actuarial cost me authority providing automatic approximatic a	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver blete lines 3, 9, and 10 of Schedule MB and do no a contribution for this plan year (include any prior year be by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of a negative amount)	is Date: Month t complete the remain ar accumulated funding 	ader of this 	Day s sche a b c	dule.				
6 7 8	 If a waiver of the minimum fundplan year, see instructions and If you completed line 5, completed line (enter a minum required) b Enter the amount contribute C Subtract the amount contribute (enter a minus sign to the left you completed line 6c, skip) Will the minimum funding amound lift a change in actuarial cost me authority providing automatic approximatic a	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadlin thod was made for this plan year pursuant to a reve poproval for the change or a class ruling letter, does t	is Date: Month t complete the remain ar accumulated funding 	ader of this 	Day s sche a b c	dule.		No		N/A
6 7 8	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived) b Enter the amount contribute C Subtract the amount in line (enter a minus sign to the le If you completed line 6c, skip Will the minimum funding amou If a change in actuarial cost me authority providing automatic and administrator agree with the char rt III Amendments If this is a defined benefit pensi year that increased or decrease	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadlin thod was made for this plan year pursuant to a reve poproval for the change or a class ruling letter, does t	is Date: Month at complete the remain ar accumulated funding e? nue procedure or other he plan sponsor or plan plan e	ader of this 	Day s sche a b c	es		No		N/A
6 7 8 Pa	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived) b Enter the amount contribute c Subtract the amount in line (enter a minus sign to the le If you completed line 6c, skip Will the minimum funding amou If a change in actuarial cost me authority providing automatic an administrator agree with the char rt III Amendments If this is a defined benefit pensi year that increased or decreases box. If no, check the "No" box	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadling thod was made for this plan year pursuant to a rever- poroval for the change or a class ruling letter, does t ange?	is Date: Month at complete the remain ar accumulated funding e? nue procedure or other he plan sponsor or plar plan e Increase	nder of this 	Day s sche a b c C Y C Y	e dule.		No No		N/A N/A
6 7 8 9	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived) b Enter the amount contribute c Subtract the amount in line (enter a minus sign to the le If you completed line 6c, skip Will the minimum funding amou If a change in actuarial cost me authority providing automatic and administrator agree with the char rt III Amendments If this is a defined benefit pensi year that increased or decrease box. If no, check the "No" box t IV ESOPs (see ins skip this Part.	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result eft of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadling thod was made for this plan year pursuant to a rever poroval for the change or a class ruling letter, does t ange?	is Date: Month at complete the remain ar accumulated funding nue procedure or other he plan sponsor or plan plan e Increase on 409(a) or 4975(e)(7)	inder of this 6 6 6 6 6 6 6 6 6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Day	e evenue	Bot Ecode	No No		N/A N/A
6 7 8 9 Par	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived) b Enter the amount contribute C Subtract the amount in line (enter a minus sign to the le If you completed line 6c, skip Will the minimum funding amound If a change in actuarial cost me authority providing automatic an administrator agree with the char rt III Amendments If this is a defined benefit pensi year that increased or decrease box. If no, check the "No" box t IV ESOPs (see ins skip this Part. Were unallocated employer see a Does the ESOP hold any	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadline thod was made for this plan year pursuant to a rever- poroval for the change or a class ruling letter, does transfer ange?	is Date: Month at complete the remain ar accumulated funding e? nue procedure or other he plan sponsor or plan e Increase on 409(a) or 4975(e)(7) urities used to repay ar	ader of this	Day s sche a b c C Y C Y C C Y C C Y C C Y C C S C S C S	e evenue	Bot Code	No No		N/A N/A
6 7 8 9 Par 10	If a waiver of the minimum fund plan year, see instructions and If you completed line 5, comp a Enter the minimum required deficiency not waived) b Enter the amount contribute c Subtract the amount in line (enter a minus sign to the left ff you completed line 6c, skip Will the minimum funding amound If a change in actuarial cost me authority providing automatic an administrator agree with the char rt III Amendments If this is a defined benefit pensi- year that increased or decreases box. If no, check the "No" box t IV ESOPs (see ins- skip this Part. Were unallocated employer see a Does the ESOP hold any b If the ESOP has an outsta	t plan, go to line 8. ling standard for a prior year is being amortized in the enter the date of the ruling letter granting the waiver plete lines 3, 9, and 10 of Schedule MB and do no I contribution for this plan year (include any prior year ed by the employer to the plan for this plan year 6b from the amount in line 6a. Enter the result of a negative amount) 1 lines 8 and 9. Int reported on line 6c be met by the funding deadling thod was made for this plan year pursuant to a rever- poroval for the change or a class ruling letter, does transport ange?	is Date: Month t complete the remain ar accumulated funding e plan e plan e inde procedure or other plan b plan	ader of this	Day s sche a b c Y ecreas ernal R oan? oan?	e evenue	Bot Code	No No th		N/A N/A No

Page 2 -	1
-----------------	---

Part V			Additional Information for Multiemployer Defined Benefit Pension Plans						
13			er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in						
	aoi a	lars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer							
	_								
	<u>b</u>		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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,							
			te lines 13e(1) and 13e(2).) ontribution rate (in dollars and cents)						
		. ,	ase unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	f 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							
	е		ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,						
	C		te lines 13e(1) and 13e(2).)						
		(1)	ontribution rate (in <u>dollars</u> and cent <u>s</u>)						
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):						
	а	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. Other								
	•	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):							
	а	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							
	е		ution rate information (If more than one rate applies, check this box \Box and see instructions regarding required attachment. Otherwise,						
		complete lines 13e(1) and 13e(2).)							
		(1) Contribution rate (in dollars and cents)							
		(2)	ase unit measure: Hourly Weekly Unit of production Other (specify):						
	а	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							
	е	Contr	ution rate information (If more than one rate applies, check this box \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):							
	а	Name	Name of contributing employer						
	b	EIN							
	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						
	е		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	e by an employer a	s an employer of the
----	---	-----------------------------------	--------------------	----------------------

	participant for:		F				
	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 ma 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	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.						
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
18	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: b Provide the average duration of the combined investment-grade and high-yield debt: 	_% Oth	ner:%				