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;
- [X] 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
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/2009

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
QUALAWASH HOLDINGS, LLC

1302 N 19TH STREET SUITE 300
TAMPA, FL 33605

2b Employer Identification Number (EIN)
27-0683851

2c Plan Sponsor's telephone number
813-321-6483

2d Business code (see instructions)
562000

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.	10/12/2016	AMY SMITH
	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**	667
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)**	664
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	488
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	507
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	507
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	182
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 2T 3D

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] 2 **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
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUALAWASH HOLDINGS, LLC

D Employer Identification Number (EIN)
27-0683851

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

PRINCIPAL LIFE 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
42-0127290	61271	613953	0	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
2563	

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

WILLETT,KEITH A
4010 W BOY SCOUT BLVD
STE 700
TAMPA, FL 33607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	2563		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		
	(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	

(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**	0
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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			**7b**	55857
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	539		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	539
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	56396
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**	83		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**	56313		
	▶ CONTRACT TERM/NOT MATURED				
	(5) Total deductions			**7e(5)**	56396
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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)**	0
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 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
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUALAWASH HOLDINGS, LLC

D Employer Identification Number (EIN)
27-0683851

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

PRINCIPAL LIFE 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
42-0127290	61271	616444	0	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
0	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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

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)**	0
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

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

A Name of plan
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUALAWASH HOLDINGS, LLC

D Employer Identification Number (EIN)
27-0683851

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	7814	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 [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI HIGH YLD BD A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL - BOSTON FINANCIAL DA P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD MID CAP INV - US BANCORP FUN 39-0281260	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA DIV INC A - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONESTOGA SM CAP INV - MUTUAL SHAR 34-1896033	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DLWR SMALL CAP VAL A - DELAWARE SE 35-1140070	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS SH TERM BOND T - JANUS SERVI 43-1804048	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JH DSCPL VAL MDCP R2 - JOHN HANCOC 01-0233346	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM CORE BD PLUS SEL - BOSTON FINA	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LM BW GLB OPP BD A - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
M&N PROBLND MAXTRM S - MANNING & N	290 WOODCLIFF DRIVE FAIRPORT, NY 14450	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIXIS AEW RE Y - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON FOREIGN A - FRANKLIN TEM 94-3167260	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP DIV GROWTH ADV - T. ROWE PRICE 52-2269240	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUALAWASH HOLDINGS, LLC

D Employer Identification Number (EIN)
27-0683851

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	2402162	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10320	0
(2) Participant contributions	1b(2)	23628	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	6997
(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)	72313	92127
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	3020726
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	55857	
(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	2564280	3119850
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2564280	3119850

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)	315139	
	(B) Participants	2a(1)(B)	491242	
	(C) Others (including rollovers)	2a(1)(C)	159320	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		965701
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185	
	(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)	3323	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3508
	(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)	184233	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		184233
	(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)		-51480
c Other income	2c		457
d Total income. Add all **income** amounts in column (b) and enter total	2d		1102419
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	491555	
(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)		491555
f Corrective distributions (see instructions)	2f		47477
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)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	7817	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7817
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		546849
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		555570
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRAMLING & HAYA **(2)** EIN: 59-1891796

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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

Part V Trust Information (optional)

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

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
QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
QUALAWASH HOLDINGS, LLC

D Employer Identification Number (EIN)
27-0683851

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013

CONTENTS

INDEPENDENT AUDITORS' REPORT

EXHIBIT A - STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 and 2013

EXHIBIT B - STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

NOTES TO THE FINANCIAL STATEMENTS

SCHEDULE 1 - SCHEDULES OF APPRECIATION (DEPRECIATION) OF INVESTMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

SCHEDULE 2 - SCHEDULES OF ASSETS HELD AT DECEMBER 31, 2014 and 2013

GRAMLING & HAYA
CERTIFIED PUBLIC ACCOUNTANTS, P.A.
813/988-9171 FAX 813/989-1891
P.O. BOX 290069
TAMPA, FLORIDA 33687-0069

J. MICHAEL GRAMLING, C.P.A.
DANIEL HAYA, C.P.A.
STEPHEN M. GRAMLING, C.P.A.

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Trustees
Qualawash Holdings, L.L.C. 401(K)
Retirement Savings Plan
Tampa, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Qualawash Holdings, LLC 401(K) Retirement Savings Plan which comprised the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits and related schedules for the years then ended.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 on the 2014 and 2013 statements.

Basis for Disclaimer of Opinion on the 2014 and 2013 Financial Statements

As permitted by 29 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 Fidelity Management Trust Company (custodian) of the Plan, except for comparing such information with the related information included in the 2014 financial statements. The information summarized in Note 3 which was reported on the 2013 financial statements was certified by Principal Trust Company, the previous custodian. The plan administrator replaced the Principal Trust Company effective on January 1, 2014. We have been informed by the plan administrator that Fidelity Management Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion on the 2014 and 2013 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 and 2013 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the 2014 and 2013 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2014 and 2013 Financial Statements

The form and content of the information included in the 2014 and 2013 financial statements, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Emphasis of Matter

Management elected to change custodians effective January 1, 2014. The Principal Trust Company was replaced by Fidelity Management Trust Company.

October 9, 2015
Tampa, Florida

Certified Public Accountants, P.A.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 and 2013

	2014	2013
ASSETS		
Cash	$ 6,997	$ 2,402,162
Investments (at fair value):		
Mutual Funds	3,020,726	0
Guaranteed Investment Contract		55,857
Total investments	3,020,726	55,857
Contributions and other receivables:		
Participant loans	92,127	72,313
Participant contributions	11,147	23,628
Employer Contributions	5,663	10,320
Total receivables	108,937	106,261
Total Assets	3,136,660	2,564,280
LIABILITIES	0	0
Total liabilities	0	0
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	$ 3,136,660	$ 2,564,280

EXHIBIT A

Read the accompanying Independent Auditors' Report
and the Notes to the Financial Statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

	2014	2013
ADDITIONS TO NET ASSETS		
Investment income:		
Interest and dividends	$ 187,728	$ 6,553
Net realized appreciation (depreciation) in fair value of investments	(8,453)	415,497
Net unrealized depreciation in fair value of investments	(43,026)	0
Other income	470	924
Total investment gain	136,719	422,974
Contributions:		
Participants	496,906	373,943
Employer	326,285	88,988
Rollovers	159,320	39,497
Total contributions	982,511	502,428
Total additions	1,119,230	925,402
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	531,872	247,450
Administrative expenses	7,817	17,859
Deemed distributions-Loan defaults	7,161	0
Total deductions	546,850	265,309
NET INCREASE	572,380	660,093
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,564,280	1,904,187
End of year	$ 3,136,660	$ 2,564,280

EXHIBIT B

Read the accompanying Independent Auditors' Report
and the Notes to the Financial Statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Qualawash Holdings, LLC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The plan is a defined contribution plan covering all employees of Qualawash Holdings, LLC, (the Company or Plan Sponsor) who are age twenty-one or older and have sixty days of service. All employees are eligible to participate unless they are employed as a leased employee or are nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was established effective December 15, 2009.

Contributions: The Plan has a cash or deferred arrangement as contemplated in Section 401(K) of the Internal Revenue Service Code. Contributions to the Plan are made by participating employees via payroll deductions in amounts authorized by the employees. Each year, participants may contribute up to the limits as determined by the Internal Revenue Code. Participants who have attained the age of 50 before the end of the Plan year are also eligible to make catch-up contributions.

The Company elected to provide matching contributions to participants. The Company provided contributions for the years ended December 31, 2014 and 2013.

The non-vested portion of matching contributions credited to the accounts of participants who withdraw prior to becoming fully vested are forfeited and used by the Company to reduce future matching contributions. At December 31, 2014 and 2013, there are no forfeited non-vested balances.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and, (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on account balances or earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Each participant must elect to direct the investment of amounts held in his or her accounts into any one or combination of investment funds held under the Plan. A participant has the opportunity to change the option previously elected at any time during the plan year, but not more than once in a 30-day period.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after five years of credited service

If, while as an employee, the participant dies, becomes disabled, or reaches normal retirement age (65), before meeting the vesting schedule, the participant's account will be 100% vested.

Notes Receivable from Participants: Each participant is allowed to borrow up to 50% of their vested interest (up to a maximum of $50,000). The loans are subject to the following provisions:

(a) The minimum loan amount is $1,000.
(b) The interest charged will be a commercially reasonable rate of interest.
(c) The term of the loan cannot exceed five years.
(d) All loan payments will be made through payroll deductions.
(e) All loans are due and payable on the date of the participants termination.
(f) A one-time $75 fee will be charged to the participant at the onset of the loan.

Payment of Benefits: The Plan provides for the payment of benefits upon death, total and permanent disability, or upon satisfying the age and service requirements for normal retirement. If the participant terminates employment with the Company, the terminated participant may elect to have the vested account paid to another qualified plan or directly to the participant, subject to tax withholdings and penalties.

Plan Termination: The Company anticipates that the Plan will continue without interruption but reserves the right to terminate the Plan. In the event of Plan termination, the participants would become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Use of Estimates: The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect reported amounts of net assets available for benefits and the changes in net assets available for benefits during the reporting period and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are valued at their unpaid principal balance. Delinquent loans are treated as distributions pursuant to the terms of the Plan document.

Payment of Benefits: Benefits are recorded when paid.

Operating Expenses: Expenses of maintaining the Plan are paid by the Plan. The Plan Sponsor may at its discretion pay for certain expenses of the Plan.

Subsequent Events: Management has evaluated subsequent events for potential disclosure in or adjustment to the financial statements through October 9, 2015, the date that the accompanying financial statements were available to be issued. Based on such evaluation, no events have occurred that in the opinion of management warrant disclosure in or adjustment to the financial statements.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3 - INVESTMENTS

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the custodian of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments, as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013.
- Total investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.
- Schedule H, line 4i - schedules of assets (held at end of year) as of December 31, 2014and 2013.

The following table presents the Plan's investments that represent 5% or more of total plan assets as of December 31, 2014 and 2013

	2014	2013
Mutual Funds, at fair value		
Fidelity Freedom 2030 Fund	$ 689,631	
Fidelity Freedom 2035 Fund	$ 645,627	
Fidelity Freedom 2025 Fund	$ 265,007	
Fidelity Freedom 2020 Fund	$ 220,775	
Fidelity Freedom 2045 Fund	$ 220,775	
Guaranteed investment Contract with Insurance Company		$ 55,857

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3 - INVESTMENTS (continued)

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investment bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2014	2013
Mutual funds	$ (51,479)	$ -0-
Guaranteed investment Contract with Insurance Company	-0-	-0-
	$ (51,479)	$ -0-

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB Codification Section 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted price in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Codification Section 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets: • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data, by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

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

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

Mutual Funds: Valued at the Net Asset Value (NAV) reported in the active market in which the fund is traded. The NAV is a quoted price in an active market and the Mutual Funds are classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts: Valued at the NAV of the underlying assets provided by the administrator of the mutual fund investments. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The Pooled Separate Accounts are classified within Level 2 of the valuation hierarchy.

Guaranteed Investment Contract: Valued at contract value of the investment in the funds. The contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable or reflective of future fair values. Furthermore, although the company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The following table set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014,

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total Fair Value
Assets:				
Fidelity Mutual Funds:				
Asset Allocation	$ 2,460,284			$ 2,460,284
Sectors	263,125			263,125
Index	74,504			74,504
Domestic Equity	57,442			57,442
International Equity	53,881			53,881
Other	111,490			111,490
Total Assets	$ 3,020,726	$ -0-	$ -0-	$ 3,020,726

NOTE 5 - TAX STATUS

On March 31, 2008, the IRS stated that the prototype adopted by the plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken a uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's open tax years include 2012, 2013 and 2014.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE OF APPRECIATION (DEPRECIATION) OF INVESTMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Year ended December 31, 2014 Fair Value as determined by quoted market price:	Net Appreciation (Depreciation) in Fair Value during year	Fair Value at end of year
Mutual Funds		
Fidelity Freedom 2030	$ (8,846)	$ 689,631
Fidelity Freedom 2035	(10,431)	643,627
Fidelity Freedom 2025	(4,129)	265,007
Fidelity Freedom 2020	(4,316)	247,433
Fidelity Freedom 2045	(7,757)	220,775
Fidelity Freedom 2040	(3,021)	180,030
Fidelity Freedom 2015	(1,163)	85,133
Fidelity Freedom 2050	(2,332)	83,018
Fidelity Freedom 2055	(111)	26,839
Fidelity Balanced Fund	(164)	9,661
Fidelity Asset Manager 85%	(297)	9,130
Fidelity Blue Chip Growth Fund	2,991	55,044
Fidelity Low Priced Stock Fund	6	2,398
Fidelity Four in One Index Fund	1,406	33,724
Fidelity New Markets Fund	(226)	5,831
Fidelity International Growth Fund	(37)	5,291
Fidelity International Small Cap Fund	(683)	4,410
Fidelity Overseas Fund	(52)	2,819
Fidelity International Real Estate Fund	(41)	1,049
Fidelity China Region Fund	(52)	757
Fidelity Select Biotechnology Portfolio	9,071	100,975
Fidelity Select Gold Fund	(18,588)	74,415
Fidelity Select Healthcare Fund	1,964	46,015
Fidelity Select Chemicals Fund	(359)	23,963
Fidelity Select Energy Fund	(1,946)	9,535
Fidelity Select Natural Gas Fund	(1,887)	8,222
Spartan 500 Index Advantage Fund	3,538	42,621
Spartan Extended Market Index Advantage Fund	867	16,409
Spartan Total Market Index Advantage Fund	980	15,333
Spartan Global ex US IndexAdvantage Fund	(7)	141
Conestoga Sm Cap Inv	(438)	46,044
Natixis AEW RE Y	2,649	39,776
Trp Div Growth Adv	351	5,144
Baird Mid cap Inv	123	3,739
Glenmede Smcp Eq Adv	4	3,652
Artisan Intl	(43)	3,475
JH Dscpl Val Mdcp R2	133	2,459
Columbia Div Inc A	63	2,334
Dlwr Small Cap Val A	(52)	1,890
Templeton Foreign A	(124)	802
Janus Sh Term Bond T	(6)	630
JPM Core Bd Plus Sel	(3)	615
Alzgi High Yield Bd A	(21)	411
M & N Probind Maxtrm S	(36)	375
LM BW Glb Opp Bd A	(4)	144
	$ (43,026)	$ 3,020,726

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE OF APPRECIATION (DEPRECIATION) OF INVESTMENTS
FOR THE YEAR ENDED DECEMBER 31, 2013

Year ended December 31, 2013 Fair Value as determined by quoted market price:	Net Appreciation (Depreciation) in Fair Value during year	Fair Value at end of year
Principal Fixed Income Guaranteed Investment Contract	$ 0	$ 55,857

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current
Fidelity Freedom 2030	Mutual Fund	$ 698,477	$ 689,631
Fidelity Freedom 2035	Mutual Fund	654,058	643,627
Fidelity Freedom 2025	Mutual Fund	269,136	265,007
Fidelity Freedom 2020	Mutual Fund	251,749	247,433
Fidelity Freedom 2045	Mutual Fund	228,532	220,775
Fidelity Freedom 2040	Mutual Fund	183,051	180,030
Fidelity Select Biotechnology Portfolio	Mutual Fund	91,904	100,975
Fidelity Freedom 2015	Mutual Fund	86,296	85,133
Fidelity Freedom 2050	Mutual Fund	85,350	83,018
Fidelity Select Gold Fund	Mutual Fund	93,003	74,415
Fidelity Blue Chip Growth Fund	Mutual Fund	52,053	55,044
Fidelity Select Healthcare Fund	Mutual Fund	44,051	46,015
Fidelity Four in One Index Fund	Mutual Fund	32,318	33,724
Fidelity Freedom 2055	Mutual Fund	26,950	26,839
Fidelity Select Chemicals Fund	Mutual Fund	24,322	23,963
Fidelity Balanced Fund	Mutual Fund	9,825	9,661
Fidelity Select Energy Fund	Mutual Fund	11,481	9,535
Fidelity Asset Manager 85%	Mutual Fund	9,427	9,130
Fidelity Select Natural Gas Fund	Mutual Fund	10,109	8,222
Fidelity New Markets Fund	Mutual Fund	6,057	5,831
Fidelity International Growth Fund	Mutual Fund	5,328	5,291
Fidelity International Small Cap Fund	Mutual Fund	5,093	4,410
Fidelity Overseas Fund	Mutual Fund	2,871	2,819
Fidelity Low Priced Stock Fund	Mutual Fund	2,392	2,398
Fidelity International Real Estate Fund	Mutual Fund	1,090	1,049
Fidelity China Region Fund	Mutual Fund	809	757
Spartan 500 Index Advantage Fund	Mutual Fund	39,083	42,621
Spartan Extended Market Index Advantage Fund	Mutual Fund	15,542	16,409
Spartan Total Market Index Advantage Fund	Mutual Fund	14,353	15,333
Spartan Global ex US IndexAdvantage Fund	Mutual Fund	148	141
Conestoga Sm Cap Inv	Mutual Fund	46,482	46,044
Natixis AEW RE Y	Mutual Fund	37,127	39,776
Trp Div Growth Adv	Mutual Fund	4,793	5,144
Baird Mid cap Inv	Mutual Fund	3,616	3,739
Glenmede Smcp Eq Adv	Mutual Fund	3,648	3,652
Artisan Intl	Mutual Fund	3,518	3,475
JH Dscpl Val Mdcp R2	Mutual Fund	2,326	2,459
Columbia Div Inc A	Mutual Fund	2,271	2,334
Dlwr Small Cap Val A	Mutual Fund	1,942	1,890
Templeton Foreign A	Mutual Fund	926	802
Janus Sh Term Bond T	Mutual Fund	636	630
JPM Core Bd Plus Sel	Mutual Fund	618	615
Alzgi High Yield Bd A	Mutual Fund	432	411
M & N Problnd Maxtrm S	Mutual Fund	411	375
LM BW Glb Opp Bd A	Mutual Fund	148	144
		$ 3,063,752	$ 3,020,726

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current
Principal Fixed Income Guaranteed Investment Contract	Guaranteed Investment Contract	$ 55,857	$ 55,857

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013

CONTENTS

INDEPENDENT AUDITORS' REPORT

EXHIBIT A - STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 and 2013

EXHIBIT B - STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

NOTES TO THE FINANCIAL STATEMENTS

SCHEDULE 1 - SCHEDULES OF APPRECIATION (DEPRECIATION) OF INVESTMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

SCHEDULE 2 - SCHEDULES OF ASSETS HELD AT DECEMBER 31, 2014 and 2013

GRAMLING & HAYA
CERTIFIED PUBLIC ACCOUNTANTS, P.A.
813/988-9171 FAX 813/989-1891
P.O. BOX 290069
TAMPA, FLORIDA 33687-0069

J. MICHAEL GRAMLING, C.P.A.
DANIEL HAYA, C.P.A.
STEPHEN M. GRAMLING, C.P.A.

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Trustees
Qualawash Holdings, L.L.C. 401(K)
Retirement Savings Plan
Tampa, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Qualawash Holdings, LLC 401(K) Retirement Savings Plan which comprised the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits and related schedules for the years then ended.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 on the 2014 and 2013 statements.

Basis for Disclaimer of Opinion on the 2014 and 2013 Financial Statements

As permitted by 29 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 Fidelity Management Trust Company (custodian) of the Plan, except for comparing such information with the related information included in the 2014 financial statements. The information summarized in Note 3 which was reported on the 2013 financial statements was certified by Principal Trust Company, the previous custodian. The plan administrator replaced the Principal Trust Company effective on January 1, 2014. We have been informed by the plan administrator that Fidelity Management Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion on the 2014 and 2013 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 and 2013 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the 2014 and 2013 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2014 and 2013 Financial Statements

The form and content of the information included in the 2014 and 2013 financial statements, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Emphasis of Matter

Management elected to change custodians effective January 1, 2014. The Principal Trust Company was replaced by Fidelity Management Trust Company.

October 9, 2015
Tampa, Florida

Certified Public Accountants, P.A.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 and 2013

	2014	2013
ASSETS		
Cash	$ 6,997	$ 2,402,162
Investments (at fair value):		
Mutual Funds	3,020,726	0
Guaranteed Investment Contract		55,857
Total investments	3,020,726	55,857
Contributions and other receivables:		
Participant loans	92,127	72,313
Participant contributions	11,147	23,628
Employer Contributions	5,663	10,320
Total receivables	108,937	106,261
Total Assets	3,136,660	2,564,280
LIABILITIES	0	0
Total liabilities	0	0
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	$ 3,136,660	$ 2,564,280

EXHIBIT A

Read the accompanying Independent Auditors' Report
and the Notes to the Financial Statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 and 2013

	2014	2013
ADDITIONS TO NET ASSETS		
Investment income:		
Interest and dividends	$ 187,728	$ 6,553
Net realized appreciation (depreciation) in fair value of investments	(8,453)	415,497
Net unrealized depreciation in fair value of investments	(43,026)	0
Other income	470	924
Total investment gain	136,719	422,974
Contributions:		
Participants	496,906	373,943
Employer	326,285	88,988
Rollovers	159,320	39,497
Total contributions	982,511	502,428
Total additions	1,119,230	925,402
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	531,872	247,450
Administrative expenses	7,817	17,859
Deemed distributions-Loan defaults	7,161	0
Total deductions	546,850	265,309
NET INCREASE	572,380	660,093
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,564,280	1,904,187
End of year	$ 3,136,660	$ 2,564,280

EXHIBIT B

Read the accompanying Independent Auditors' Report
and the Notes to the Financial Statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Qualawash Holdings, LLC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The plan is a defined contribution plan covering all employees of Qualawash Holdings, LLC, (the Company or Plan Sponsor) who are age twenty-one or older and have sixty days of service. All employees are eligible to participate unless they are employed as a leased employee or are nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was established effective December 15, 2009.

Contributions: The Plan has a cash or deferred arrangement as contemplated in Section 401(K) of the Internal Revenue Service Code. Contributions to the Plan are made by participating employees via payroll deductions in amounts authorized by the employees. Each year, participants may contribute up to the limits as determined by the Internal Revenue Code. Participants who have attained the age of 50 before the end of the Plan year are also eligible to make catch-up contributions.

The Company elected to provide matching contributions to participants. The Company provided contributions for the years ended December 31, 2014 and 2013.

The non-vested portion of matching contributions credited to the accounts of participants who withdraw prior to becoming fully vested are forfeited and used by the Company to reduce future matching contributions. At December 31, 2014 and 2013, there are no forfeited non-vested balances.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and, (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on account balances or earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Each participant must elect to direct the investment of amounts held in his or her accounts into any one or combination of investment funds held under the Plan. A participant has the opportunity to change the option previously elected at any time during the plan year, but not more than once in a 30-day period.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after five years of credited service

If, while as an employee, the participant dies, becomes disabled, or reaches normal retirement age (65), before meeting the vesting schedule, the participant's account will be 100% vested.

Notes Receivable from Participants: Each participant is allowed to borrow up to 50% of their vested interest (up to a maximum of $50,000). The loans are subject to the following provisions:

(a) The minimum loan amount is $1,000.
(b) The interest charged will be a commercially reasonable rate of interest.
(c) The term of the loan cannot exceed five years.
(d) All loan payments will be made through payroll deductions.
(e) All loans are due and payable on the date of the participants termination.
(f) A one-time $75 fee will be charged to the participant at the onset of the loan.

Payment of Benefits: The Plan provides for the payment of benefits upon death, total and permanent disability, or upon satisfying the age and service requirements for normal retirement. If the participant terminates employment with the Company, the terminated participant may elect to have the vested account paid to another qualified plan or directly to the participant, subject to tax withholdings and penalties.

Plan Termination: The Company anticipates that the Plan will continue without interruption but reserves the right to terminate the Plan. In the event of Plan termination, the participants would become 100% vested in their accounts and net assets of the Plan shall be distributed to the participants and beneficiaries of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Use of Estimates: The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect reported amounts of net assets available for benefits and the changes in net assets available for benefits during the reporting period and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are valued at their unpaid principal balance. Delinquent loans are treated as distributions pursuant to the terms of the Plan document.

Payment of Benefits: Benefits are recorded when paid.

Operating Expenses: Expenses of maintaining the Plan are paid by the Plan. The Plan Sponsor may at its discretion pay for certain expenses of the Plan.

Subsequent Events: Management has evaluated subsequent events for potential disclosure in or adjustment to the financial statements through October 9, 2015, the date that the accompanying financial statements were available to be issued. Based on such evaluation, no events have occurred that in the opinion of management warrant disclosure in or adjustment to the financial statements.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3 - INVESTMENTS

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the custodian of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Total investments, as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013.
- Total investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.
- Schedule H, line 4i - schedules of assets (held at end of year) as of December 31, 2014and 2013.

The following table presents the Plan's investments that represent 5% or more of total plan assets as of December 31, 2014 and 2013

	2014	2013
Mutual Funds, at fair value		
Fidelity Freedom 2030 Fund	$ 689,631	
Fidelity Freedom 2035 Fund	$ 645,627	
Fidelity Freedom 2025 Fund	$ 265,007	
Fidelity Freedom 2020 Fund	$ 220,775	
Fidelity Freedom 2045 Fund	$ 220,775	
Guaranteed investment Contract with Insurance Company		$ 55,857

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 and 2013

NOTE 3 - INVESTMENTS (continued)

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investment bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2014	2013
Mutual funds	$ (51,479)	$ -0-
Guaranteed investment Contract with Insurance Company	-0-	-0-
	$ (51,479)	$ -0-

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB Codification Section 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted price in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Codification Section 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets: • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data, by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

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

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

Mutual Funds: Valued at the Net Asset Value (NAV) reported in the active market in which the fund is traded. The NAV is a quoted price in an active market and the Mutual Funds are classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts: Valued at the NAV of the underlying assets provided by the administrator of the mutual fund investments. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The Pooled Separate Accounts are classified within Level 2 of the valuation hierarchy.

Guaranteed Investment Contract: Valued at contract value of the investment in the funds. The contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable or reflective of future fair values. Furthermore, although the company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The following table set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014,

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total Fair Value
Assets:				
Fidelity Mutual Funds:				
Asset Allocation	$ 2,460,284			$ 2,460,284
Sectors	263,125			263,125
Index	74,504			74,504
Domestic Equity	57,442			57,442
International Equity	53,881			53,881
Other	111,490			111,490
Total Assets	$ 3,020,726	$ -0-	$ -0-	$ 3,020,726

NOTE 5 - TAX STATUS

On March 31, 2008, the IRS stated that the prototype adopted by the plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken a uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's open tax years include 2012, 2013 and 2014.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE OF APPRECIATION (DEPRECIATION) OF INVESTMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014

Year ended December 31, 2014 Fair Value as determined by quoted market price:	Net Appreciation (Depreciation) in Fair Value during year	Fair Value at end of year
Mutual Funds		
Fidelity Freedom 2030	$ (8,846)	$ 689,631
Fidelity Freedom 2035	(10,431)	643,627
Fidelity Freedom 2025	(4,129)	265,007
Fidelity Freedom 2020	(4,316)	247,433
Fidelity Freedom 2045	(7,757)	220,775
Fidelity Freedom 2040	(3,021)	180,030
Fidelity Freedom 2015	(1,163)	85,133
Fidelity Freedom 2050	(2,332)	83,018
Fidelity Freedom 2055	(111)	26,839
Fidelity Balanced Fund	(164)	9,661
Fidelity Asset Manager 85%	(297)	9,130
Fidelity Blue Chip Growth Fund	2,991	55,044
Fidelity Low Priced Stock Fund	6	2,398
Fidelity Four in One Index Fund	1,406	33,724
Fidelity New Markets Fund	(226)	5,831
Fidelity International Growth Fund	(37)	5,291
Fidelity International Small Cap Fund	(683)	4,410
Fidelity Overseas Fund	(52)	2,819
Fidelity International Real Estate Fund	(41)	1,049
Fidelity China Region Fund	(52)	757
Fidelity Select Biotechnology Portfolio	9,071	100,975
Fidelity Select Gold Fund	(18,588)	74,415
Fidelity Select Healthcare Fund	1,964	46,015
Fidelity Select Chemicals Fund	(359)	23,963
Fidelity Select Energy Fund	(1,946)	9,535
Fidelity Select Natural Gas Fund	(1,887)	8,222
Spartan 500 Index Advantage Fund	3,538	42,621
Spartan Extended Market Index Advantage Fund	867	16,409
Spartan Total Market Index Advantage Fund	980	15,333
Spartan Global ex US IndexAdvantage Fund	(7)	141
Conestoga Sm Cap Inv	(438)	46,044
Natixis AEW RE Y	2,649	39,776
Trp Div Growth Adv	351	5,144
Baird Mid cap Inv	123	3,739
Glenmede Smcp Eq Adv	4	3,652
Artisan Intl	(43)	3,475
JH Dscpl Val Mdcp R2	133	2,459
Columbia Div Inc A	63	2,334
Dlwr Small Cap Val A	(52)	1,890
Templeton Foreign A	(124)	802
Janus Sh Term Bond T	(6)	630
JPM Core Bd Plus Sel	(3)	615
Alzgi High Yield Bd A	(21)	411
M & N Probind Maxtrm S	(36)	375
LM BW Glb Opp Bd A	(4)	144
	$ (43,026)	$ 3,020,726

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE OF APPRECIATION (DEPRECIATION) OF INVESTMENTS
FOR THE YEAR ENDED DECEMBER 31, 2013

Year ended December 31, 2013 Fair Value as determined by quoted market price:	Net Appreciation (Depreciation) in Fair Value during year	Fair Value at end of year
Principal Fixed Income Guaranteed Investment Contract	$ 0	$ 55,857

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current
Fidelity Freedom 2030	Mutual Fund	$ 698,477	$ 689,631
Fidelity Freedom 2035	Mutual Fund	654,058	643,627
Fidelity Freedom 2025	Mutual Fund	269,136	265,007
Fidelity Freedom 2020	Mutual Fund	251,749	247,433
Fidelity Freedom 2045	Mutual Fund	228,532	220,775
Fidelity Freedom 2040	Mutual Fund	183,051	180,030
Fidelity Select Biotechnology Portfolio	Mutual Fund	91,904	100,975
Fidelity Freedom 2015	Mutual Fund	86,296	85,133
Fidelity Freedom 2050	Mutual Fund	85,350	83,018
Fidelity Select Gold Fund	Mutual Fund	93,003	74,415
Fidelity Blue Chip Growth Fund	Mutual Fund	52,053	55,044
Fidelity Select Healthcare Fund	Mutual Fund	44,051	46,015
Fidelity Four in One Index Fund	Mutual Fund	32,318	33,724
Fidelity Freedom 2055	Mutual Fund	26,950	26,839
Fidelity Select Chemicals Fund	Mutual Fund	24,322	23,963
Fidelity Balanced Fund	Mutual Fund	9,825	9,661
Fidelity Select Energy Fund	Mutual Fund	11,481	9,535
Fidelity Asset Manager 85%	Mutual Fund	9,427	9,130
Fidelity Select Natural Gas Fund	Mutual Fund	10,109	8,222
Fidelity New Markets Fund	Mutual Fund	6,057	5,831
Fidelity International Growth Fund	Mutual Fund	5,328	5,291
Fidelity International Small Cap Fund	Mutual Fund	5,093	4,410
Fidelity Overseas Fund	Mutual Fund	2,871	2,819
Fidelity Low Priced Stock Fund	Mutual Fund	2,392	2,398
Fidelity International Real Estate Fund	Mutual Fund	1,090	1,049
Fidelity China Region Fund	Mutual Fund	809	757
Spartan 500 Index Advantage Fund	Mutual Fund	39,083	42,621
Spartan Extended Market Index Advantage Fund	Mutual Fund	15,542	16,409
Spartan Total Market Index Advantage Fund	Mutual Fund	14,353	15,333
Spartan Global ex US IndexAdvantage Fund	Mutual Fund	148	141
Conestoga Sm Cap Inv	Mutual Fund	46,482	46,044
Natixis AEW RE Y	Mutual Fund	37,127	39,776
Trp Div Growth Adv	Mutual Fund	4,793	5,144
Baird Mid cap Inv	Mutual Fund	3,616	3,739
Glenmede Smcp Eq Adv	Mutual Fund	3,648	3,652
Artisan Intl	Mutual Fund	3,518	3,475
JH Dscpl Val Mdcp R2	Mutual Fund	2,326	2,459
Columbia Div Inc A	Mutual Fund	2,271	2,334
Dlwr Small Cap Val A	Mutual Fund	1,942	1,890
Templeton Foreign A	Mutual Fund	926	802
Janus Sh Term Bond T	Mutual Fund	636	630
JPM Core Bd Plus Sel	Mutual Fund	618	615
Alzgi High Yield Bd A	Mutual Fund	432	411
M & N Problnd Maxtrm S	Mutual Fund	411	375
LM BW Glb Opp Bd A	Mutual Fund	148	144
		$ 3,063,752	$ 3,020,726

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements

QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current
Principal Fixed Income Guaranteed Investment Contract	Guaranteed Investment Contract	$ 55,857	$ 55,857

Read the accompanying Independent Auditors' Report
and the Notes to the Financial statements