

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>FRASCA INTERNATIONAL, INC. EMPLOYEE 401K RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FRASCA INTERNATIONAL INC.</u> <u>906 EAST AIRPORT ROAD</u> <u>URBANA, IL 61802-7375</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>37-0860218</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>217-344-9200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333610</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>37-0860218</u>	2c Plan Sponsor's telephone number <u>217-344-9200</u>	2d Business code (see instructions) <u>333610</u>	
2b Employer Identification Number (EIN) <u>37-0860218</u>					
2c Plan Sponsor's telephone number <u>217-344-9200</u>					
2d Business code (see instructions) <u>333610</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2015	JODI WOLKEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2015	JODI WOLKEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 215
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 195 6a(2) 172 6b 0 6c 29 6d 201 6e 0 6f 201 6g 190 6h 20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan FRASCA INTERNATIONAL, INC. EMPLOYEE 401K RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRASCA INTERNATIONAL INC.	D Employer Identification Number (EIN) 37-0860218	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 72	RECORDKEEPER	6992	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>FRASCA INTERNATIONAL, INC. EMPLOYEE 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FRASCA INTERNATIONAL INC.</u>	D Employer Identification Number (EIN) <u>37-0860218</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION TRUS

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>154894</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>FRASCA INTERNATIONAL, INC. EMPLOYEE 401K RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FRASCA INTERNATIONAL INC.</u>		D Employer Identification Number (EIN) <u>37-0860218</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	50	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	6	13833
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	126439	96019
(9) Value of interest in common/collective trusts	1c(9)	225430	154894
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10640258	10520193
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10992183	10784939

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10992183	10784939
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	214323	
(B) Participants	2a(1)(B)	660326	
(C) Others (including rollovers)	2a(1)(C)	35774	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		910423
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5835	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5835
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	649981	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		649981
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		731
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-224679
c Other income.....	2c		-528
d Total income. Add all income amounts in column (b) and enter total.....	2d		1341763

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1480549	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1480549
f Corrective distributions (see instructions).....	2f		17758
g Certain deemed distributions of participant loans (see instructions).....	2g		31232
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	19468	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		19468
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1549007

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-207244
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BKDLLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan FRASCA INTERNATIONAL, INC. EMPLOYEE 401K RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRASCA INTERNATIONAL INC.				D Employer Identification Number (EIN) 37-0860218	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Frasca International, Inc.
Employee 401(k) Retirement Plan

EIN 37-0860218 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2014 and 2013

Frasca International, Inc. Employee 401(k) Retirement Plan
December 31, 2014 and 2013

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Independent Auditor's Report

Plan Administrator
Frasca International, Inc. Employee 401(k) Retirement Plan
Urbana, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Frasca International, Inc. Employee 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for our audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 5, which was certified by Merrill Lynch Bank & Trust Company, FSB, a subsidiary of Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and notes receivable from participants and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report of Form and Content in Compliance with DOL Rules and Regulations

The form and contents of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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*.

BKD, LLP

Decatur, Illinois
July 8, 2015

Federal Employer Identification Number: 44-0160260

Frasca International, Inc. Employee 401(k) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

Assets

	<u>2014</u>	<u>2013</u>
Investments, At Fair Value	\$ 10,689,416	\$ 10,866,399
Receivables		
Employer's contribution	2,095	-
Participants' contributions	5,185	-
Notes receivable from participants	<u>96,019</u>	<u>126,439</u>
Total assets	<u>10,792,715</u>	<u>10,992,838</u>

Liabilities

Excess contributions refundable	<u>10,900</u>	<u>17,758</u>
Net Assets Available for Benefits, At Fair Value	10,781,815	10,975,080
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit- responsive investment contracts	<u>(496)</u>	<u>(654)</u>
Net Assets Available for Benefits	<u><u>\$ 10,781,319</u></u>	<u><u>\$ 10,974,426</u></u>

Frasca International, Inc. Employee 401(k) Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (247,528)	\$ 1,199,932
Interest and dividends	<u>650,750</u>	<u>268,958</u>
	<u>403,222</u>	<u>1,468,890</u>
Interest Income from Notes Receivable from Participants	<u>5,835</u>	<u>5,096</u>
Contributions		
Employer	203,941	172,754
Participant	654,611	667,097
Rollovers	<u>35,774</u>	<u>183,830</u>
	<u>894,326</u>	<u>1,023,681</u>
Total additions	<u>1,303,383</u>	<u>2,497,667</u>
Deductions		
Benefits paid to participants	1,489,498	145,805
Administrative expenses	<u>6,992</u>	<u>6,672</u>
Total deductions	<u>1,496,490</u>	<u>152,477</u>
Net Increase (Decrease)	(193,107)	2,345,190
Net Assets Available for Benefits, Beginning of Year	<u>10,974,426</u>	<u>8,629,236</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 10,781,319</u></u>	<u><u>\$ 10,974,426</u></u>

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Note 1: Description of the Plan

The following description of Frasca International, Inc. Employee 401(k) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

General

The Plan is a defined contribution plan sponsored by Frasca International, Inc. (Company) for the benefit of its full-time employees who are at least age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Merrill Lynch Bank & Trust Company, FSB, a subsidiary of Bank of America, N.A., serves as Plan trustee.

Contributions

The Plan permits employee contributions through a salary deferral election up to the maximum allowable amount per the limitations of the Internal Revenue Code. The Company's contribution is at the discretion of the Company's Board of Directors. Employee rollover contributions are also permitted. Contributions are subject to certain limitations. Effective July 1, 2014, the Plan was amended to allow pre-tax Roth elective deferral and rollover contributions.

Participant Investment Account Options

Participants direct the investment of their contributions, as well as the Company's contribution, into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust fund as investment options for participants. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily.

The Plan Document also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise.

Participant Accounts

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

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after 6 years of continuous service. The nonvested balance is forfeited upon termination of service. Forfeitures are first used to offset Plan administration expenses and then to reduce employer contributions under the Plan.

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his account or a joint and survivor annuity. At December 31, 2014 and 2013, there were no assets allocated to accounts of terminated or retired participants who have elected to withdraw from the Plan but have not yet been paid.

Participant Loans

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans, 4.25%, is based on Wall Street Prime Rate plus one percent on the loan date.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$787 and \$10, respectively. These accounts will be used to first reduce Plan expenses and then to reduce future employer contributions under the Plan. In 2014, Plan expenses and employer contributions were reduced by \$5,042 and \$12,477, respectively, from forfeited nonvested accounts. In 2013, Plan expenses and employer contributions were reduced by \$4,972 and \$39,798, respectively, from forfeited nonvested accounts.

Plan Termination

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

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

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 Plan invests in investment contracts through a common collective trust. The Statements of Net Assets Available for Benefits present the fair value of the investment in the common collective trust, as well as the adjustment of the investment in the common collective trust from fair value to contract value relating to the investment contracts. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

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

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the plan at year end. The Plan's interest in the common collective trust fund is valued based on information reported by the investment advisor using the audited financial statements of the collective trust at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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 reported at amortized principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Plan Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype plan and trust/custodial document sponsored by Merrill Lynch Bank & Trust Company, FSB, a subsidiary of Bank of America, N.A. This prototype plan document has been filed with the appropriate agency and obtained a determination letter dated March 31, 2008 from the Internal Revenue Service stating that the prototype constitutes a qualified plan under section 401 of the Internal Revenue Code and that the related trust was tax exempt. The Plan has been amended since adopting the prototype plan. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2011.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Note 3: Investments

The Plan's investments are held by a corporate trust company. The following table presents the Plan's investments. Investments that represented 5% or more of the Plan's net assets available for benefits in either year are separately identified (*):

	<u>2014</u>	<u>2013</u>
Mutual Funds		
Invesco Small Cap Equity Fund	\$ 11,442	\$ 6,875
Janus Triton Fund	293,088	260,608
*Hotchkis & Wiley Mid Cap Value Fund	750,486	744,188
Putnam Capital Spectrum Fund	114	-
*Prudential Jennison Mid Cap Growth Fund	558,906	505,515
Ivy Asset Strategy Fund	407,656	435,291
*Pioneer Fundamental Growth Fund	1,065,589	1,146,170
Thornburg Investment Fund	4,763	-
*John Hancock Income Fund	700,387	736,884
*Alliance-Bernstein High Income Fund	687,300	499,394
Blackrock Global Allocation Fund	32,975	25,491
*Blackrock Equity Dividend Fund	1,362,423	1,440,267
*MFS International Value Fund	738,819	828,521
*Oppenheimer International Growth Fund	773,395	661,881
Oppenheimer Developing Markets Fund	498,198	365,152
*Pimco Total Return Fund	-	959,309
Blackrock S&P 500 Index Fund	31,120	20,526
Blackrock Small Cap Index Fund	16,965	16,228
Allianz NFJ Small Cap Value Fund	492,140	454,574
*Goldman Sachs Short Duration Government Fund	528,949	1,524,367
*Lord Abbett Income A Fund	1,569,422	-
Invesco Mid Cap Core Equity Fund	<u>9,889</u>	<u>9,074</u>
	10,534,026	10,640,315
Common/Collective Trust Fund		
Federated Capital Preservation Trust Fund	<u>155,390</u>	<u>226,084</u>
	<u>\$ 10,689,416</u>	<u>\$ 10,866,399</u>

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

During the years ended 2014 and 2013, the Plan's investments in mutual funds (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by \$(247,528) and \$1,199,932, respectively as follows:

	2014	2013
Mutual Funds		
Invesco Small Cap Equity Fund	\$ (1,029)	\$ 977
Janus Triton Fund	(3,674)	59,369
Hotchkis & Wiley Mid Cap Value Fund	15,020	104,290
Perkins Mid Cap Value Fund	-	73,867
Prudential Jennison Mid Cap Growth Fund	(13,504)	95,623
Ivy Asset Strategy Fund	(101,750)	80,220
Pioneer Fundamental Growth Fund	113,653	241,785
Thornburg Investment Fund	(85)	-
John Hancock Income Fund	(1,354)	(17,306)
Alliance-Bernstein High Income Fund	(36,041)	(6,951)
Blackrock Global Allocation Fund	(2,399)	1,494
Blackrock Equity Dividend Fund	34,770	249,931
MFS International Value Fund	(10,600)	156,477
Oppenheimer International Growth Fund	(66,499)	124,749
Oppenheimer Developing Markets Fund	(36,882)	26,074
Pimco Total Return Fund	24,840	(43,128)
Blackrock S&P 500 Index Fund	2,474	4,557
Blackrock Small Cap Index Fund	(785)	4,219
Allianz NFJ Small Cap Value Fund	(108,500)	55,983
Goldman Sachs Short Duration Government Fund	(5,202)	(13,674)
Lord Abbett Income A Fund	(49,357)	-
Invesco Mid Cap Core Equity Fund	(624)	1,376
	<u>\$ (247,528)</u>	<u>\$ 1,199,932</u>

Interest and dividends realized on the Plan's investments for the years ended 2014 and 2013 were \$650,750 and \$268,958, respectively.

Frasca International, Inc. Employee 401(k) Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

Note 4: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2014 and 2013:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2014				
Mutual Funds				
Growth Stock Funds				
Janus Triton Fund	\$ 293,088	\$ 293,088	\$ -	\$ -
Prudential Jennison Mid Cap Growth Fund	558,906	558,906	-	-
Pioneer Fundamental Growth Fund	1,065,589	1,065,589	-	-
Value Stock Funds				
Hotchkis & Wiley Mid Cap Value Fund	750,486	750,486	-	-
Blackrock Equity Dividend Fund	1,362,423	1,362,423	-	-
Allianz NFJ Small Cap Value Fund	492,140	492,140	-	-
Blend Stock Funds				
Invesco Small Cap Equity Fund	11,442	11,442	-	-
Blackrock Global Allocation Fund	32,975	32,975	-	-
Blackrock S&P 500 Index Fund	31,120	31,120	-	-
Blackrock Small Cap Index Fund	16,965	16,965	-	-
Invesco Mid Cap Core Equity Fund	9,889	9,889	-	-
Putnam Capital Spectrum Fund	114	114	-	-
International Growth Fund				
Oppenheimer International Growth Fund	773,395	773,395	-	-
International Value Fund				
MFS International Value Fund	738,819	738,819	-	-
International Blend Funds				
Ivy Asset Strategy Fund	407,656	407,656	-	-
Oppenheimer Developing Markets Fund	498,198	498,198	-	-
Thornburg Investment Fund	4,763	4,763	-	-
Bond Funds				
John Hancock Income Fund	700,387	700,387	-	-
Alliance-Bernstein High Income Fund	687,300	687,300	-	-
Goldman Sachs Short Duration Government Fund	528,949	528,949	-	-
Lord Abbett Income A Fund	1,569,422	1,569,422	-	-
Common Collective Trust Fund				
Federated Capital Preservation Trust Fund	155,390	-	155,390	-
	<u>\$ 10,689,416</u>	<u>\$ 10,534,026</u>	<u>\$ 155,390</u>	<u>\$ -</u>

Frasca International, Inc. Employee 401(k) Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Mutual Funds				
Growth Stock Funds				
Janus Triton Fund	\$ 260,608	\$ 260,608	\$ -	\$ -
Prudential Jennison Mid Cap Growth Fund	505,515	505,515	-	-
Pioneer Fundamental Growth Fund	1,146,170	1,146,170	-	-
Value Stock Funds				
Hotchkis & Wiley Mid Cap Value Fund	744,188	744,188	-	-
Blackrock Equity Dividend Fund	1,440,267	1,440,267	-	-
Allianz NFJ Small Cap Value Fund	454,574	454,574	-	-
Blend Stock Funds				
Invesco Small Cap Equity Fund	6,875	6,875	-	-
Blackrock Global Allocation Fund	25,491	25,491	-	-
Blackrock S&P 500 Index Fund	20,526	20,526	-	-
Blackrock Small Cap Index Fund	16,228	16,228	-	-
Invesco Mid Cap Core Equity Fund	9,074	9,074	-	-
International Growth Fund				
Oppenheimer International Growth Fund	661,881	661,881	-	-
International Value Fund				
MFS International Value Fund	828,521	828,521	-	-
International Blend Funds				
Ivy Asset Strategy Fund	435,291	435,291	-	-
Oppenheimer Developing Markets Fund	365,152	365,152	-	-
Bond Funds				
John Hancock Income Fund	736,884	736,884	-	-
Alliance-Bernstein High Income Fund	499,394	499,394	-	-
Pimco Total Return Fund	959,309	959,309	-	-
Goldman Sachs Short Duration Government Fund	1,524,367	1,524,367	-	-
Common Collective Trust Fund				
Federated Capital Preservation Trust Fund	226,084	-	226,084	-
	\$ 10,866,399	\$ 10,640,315	\$ 226,084	\$ -

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the valuation techniques during the year ended December 31, 2014. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 5: Certification by Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments and notes receivable from participants as reported in the Statements of Net Assets Available for Benefits at December 31, 2014 and 2013.
- Investment income and interest income from notes receivable from participants as reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013.
- Information as reported in the supplemental Schedule of Assets (Held at End of Year) at December 31, 2014.

The Plan's independent auditors did not perform procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Frasca International, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2014 and 2013

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50 percent or more of such an employer or relatives of such persons.

The Plan invests in certain funds managed by Merrill Lynch Bank & Trust Company, FSB, a subsidiary of Bank of America, N.A., the trustee of the Plan. Fees paid by the Plan to the trustee for administrative services amounted to \$6,992 and \$6,672 for the years ended December 31, 2014 and 2013, respectively. The Plan incurs expenses related to general administration and record keeping. The Company pays these expenses and certain accounting and auditing fees relating to the Plan.

Note 7: Reconciliation of Financial Statements to Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan (Form 5500) filed with the Internal Revenue Service and the accompanying financial statements include reporting guaranteed investment contracts in Form 5500 at contract value and in the accompanying statements of net assets available for benefits at fair value, and reporting the employer's and participants' contribution receivables and the excess contributions refundable in the accompanying statements of net assets available for benefits.

Note 8: 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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedule

Frasca International, Inc. Employee 401(k) Retirement Plan
Employer Identification Number: 37-0860218 Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014

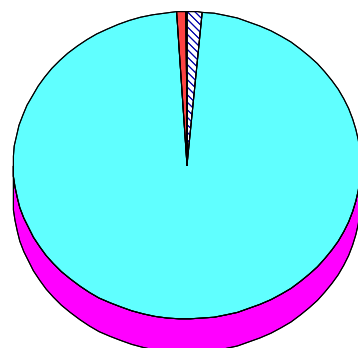
Identity of Issuer	Description of Investment	Current Value
Mutual Funds – *Merrill Lynch Bank & Trust Company		
Invesco Small Cap Equity Fund	754.7639 shares	\$ 11,442
Janus Triton Fund	12,595.0869 shares	293,088
Hotchkis & Wiley Mid Cap Value Fund	18,484.8836 shares	750,486
Putnam Capital Spectrum Fund	2.9552 shares	114
Prudential Jennison Mid Cap Growth Fund	14,665.5874 shares	558,906
Ivy Asset Strategy Fund	15,955.2387 shares	407,656
Pioneer Fundamental Growth Fund	57,351.4180 shares	1,065,589
John Hancock Income Fund	106,766.2617 shares	700,387
Thornburg Investment Fund	227.8957 shares	4,763
Alliance-Bernstein High Income Fund	76,793.2848 shares	687,300
Blackrock Global Allocation Fund	1,667.9232 shares	32,975
Blackrock Equity Dividend Fund	54,715.7698 shares	1,362,423
MFS International Value Fund	22,347.8177 shares	738,819
Oppenheimer International Growth Fund	21,921.6154 shares	773,395
Oppenheimer Developing Markets Fund	14,025.8510 shares	498,198
Blackrock S&P 500 Index Fund	125.8100 shares	31,120
Blackrock Small Cap Index Fund	1,021.3665 shares	16,965
Allianz NFJ Small Cap Value Fund	19,119.6577 shares	492,140
Goldman Sachs Short Duration Government Fund	52,371.1767 shares	528,949
Lord Abbett Income A Fund	546,834.9481 shares	1,569,422
Invesco Mid Cap Core Equity Fund	420.4276 shares	9,889
		10,534,026
Common/Collective Trust Fund – Federated Investors, Inc.		
Federated Capital Preservation Trust Fund	15,489.4461 units	155,390
		10,689,416
Notes Receivable from Participants with Various Maturity Dates through 2019*		
	Interest Rate of 4.25%	96,019
		\$ 10,785,435

*Represents a Party-in-Interest

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

FRASCA INTERNATIONAL, INC.
EMPLOYEE 401(K) RETIREMENT PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



1.44% COMMON / COLLECTIVE TRUSTS	97.55% MUTUAL FUNDS
0.89% LOANS	0.00% ACCRUED INCOME
0.13%	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
FEDERATED CAPITAL PRES CL SP	13,769.5400	10.000	137,695.40	137,695.40	1.28%
FEDERATED CAPITAL PRES SP GM	1,719.9061	10.000	17,199.05	17,199.06	0.16%
TOTAL COMMON / COLLECTIVE TRUSTS			154,894.45	154,894.46	1.44%
<u>MUTUAL FUNDS</u>					
HOTCHKIS&WILEY MID CAP VAL A	629.4163	40.600	25,863.63	25,554.30	0.24%
H&W MID CAP VAL A GM	17,846.4021	40.600	640,379.08	724,563.93	6.72%
INVESCO SMALL CAP EQUITY FD A	754.7639	15.160	11,573.78	11,442.22	0.11%
PUTNAM CAPITAL SPECTRUM CL A	2.9552	38.580	114.03	114.01	0.00%
JANUS TRITON FUND CL A	1,824.5440	23.270	40,722.50	42,457.14	0.39%
JANUS TRITON FUND CL A GM	10,770.5429	23.270	193,936.33	250,630.53	2.32%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

FRASCA INTERNATIONAL, INC.
EMPLOYEE 401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PRUDENTIAL JENNISON MID-CAP A	529.2482	38.110	18,434.71	20,169.65	0.19%
PRUDENTIAL JENNISON MID-CAP GM	14,136.3392	38.110	398,713.96	538,735.89	5.00%
IVY ASSET STRATEGY FD CL Y	15,955.2387	25.550	402,460.88	407,656.35	3.78%
PIONEER FUNDAMENTAL	2,547.1720	18.580	38,303.30	47,326.46	0.44%
PIONEER FUNDAMENTAL GM	54,804.2460	18.580	760,073.45	1,018,262.89	9.44%
THORNBURG INVESTMENT	227.8957	20.900	4,847.86	4,763.02	0.04%
BLACKROCK S&P 500 STOCK FUND I	125.8100	247.360	22,620.72	31,120.36	0.29%
JOHN HANCOCK INCOME FD CL A	1,694.1708	6.560	11,076.55	11,113.76	0.10%
JOHN HANCOCK INCOME FD CL A GM	105,072.0909	6.560	696,127.28	689,272.92	6.39%
ALLIANCEBERNSTEIN HIGH INCOME	22,561.4921	8.950	213,516.50	201,925.35	1.87%
ALLIANCEBERNSTEIN HIGH INCOME	52,728.0731	8.950	488,990.34	471,916.25	4.38%
BLACKROCK GLOBAL ALLOC A	1,667.9232	19.770	33,214.55	32,974.84	0.31%
BLACKROCK EQ DIVIDEND A	2,199.7456	24.900	43,162.66	54,773.67	0.51%
BLACKROCK EQ DIVIDEND A GM	52,516.0242	24.900	882,197.92	1,307,649.00	12.12%
MFS INTERNATIONAL VALUE FD A	795.0303	33.060	22,067.11	26,283.70	0.24%
MFS INTERNATIONAL VAL FD A GM	21,552.7874	33.060	602,980.95	712,535.15	6.61%
OPPENHEIMER INTL GROWTH F CL A	1,009.3176	35.280	32,073.06	35,608.72	0.33%
OPPENHEIMER INTL GRW F A GM	20,912.2978	35.280	677,990.34	737,785.87	6.84%
OPPENHEIMER DEV MKTS FD CL A	710.8887	35.520	25,902.59	25,250.77	0.23%
OPPENHEIMER DEV MKTS CL A-GM	13,314.9623	35.520	466,809.51	472,947.46	4.39%
BLACKROCK SM CAP INDEX A	1,021.3665	16.610	12,398.59	16,964.90	0.16%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

FRASCA INTERNATIONAL, INC.
EMPLOYEE 401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANZGI NFJ SMALL-CAP VAL A	1,076.5037	25.740	32,657.14	27,709.21	0.26%
ALLIANZGI NFJ SML-CP VAL A GM	18,043.1540	25.740	487,073.43	464,430.78	4.31%
GOLDMAN SACHS SHORT DUR GOV A	497.4149	10.100	5,125.47	5,023.89	0.05%
GOLDMAN SACHS SHT DUR GOV A GM	51,873.7618	10.100	533,668.21	523,924.99	4.86%
INVESCO MID CAP CORE EQTY FD A	420.4276	23.520	9,171.01	9,888.46	0.09%
LORD ABBETT INCOME FD A	44,880.0227	2.870	132,755.76	128,805.67	1.19%
LORD ABBETT INCOME FD A GM	501,954.9254	2.870	1,484,036.06	1,440,610.64	13.36%
TOTAL MUTUAL FUNDS			9,451,039.26	10,520,192.75	97.55%
<u>LOANS</u>					
LOAN FUND	96,019.2400	1.000	96,019.24	96,019.24	0.89%
INVESTMENT TOTAL			9,701,952.95	10,771,106.45	99.87%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			6.45	6.45	0.00%
CASH			13,826.31	13,826.31	0.13%
TOTAL ASSETS			9,715,785.71	10,784,939.21	100.00%

Balances include pending activity