

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
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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>ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST</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>12/31/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/31/2006</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ILSCO CORPORATION</u> <u>4730 MADISON ROAD</u> <u>CINCINNATI, OH 45227</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0208980</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-533-6265</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0208980</u>	2c Plan Sponsor's telephone number <u>513-533-6265</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>31-0208980</u>					
2c Plan Sponsor's telephone number <u>513-533-6265</u>					
2d Business code (see instructions) <u>335900</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.	07/28/2015	KENDRA BLESSING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.	07/28/2015	JAMES VALENTINE
	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 ILSCO CORPORATION 4730 MADISON ROAD CINCINNATI, OH 45227	3b Administrator's EIN 31-0208980
	3c Administrator's telephone number 513-533-6200
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	5 164
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) 163
a(2) Total number of active participants at the end of the plan year	6a(2) 130
b Retired or separated participants receiving benefits	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 30
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 164
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 165
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J	
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 _____ 0

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 ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ILSCO CORPORATION	D Employer Identification Number (EIN) 31-0208980	

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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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)

USB FINANCIAL SERVICES

13-2638166

(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?
		40050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ILSCO CORPORATION

31-0208980

(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)

PNC INSTITUTIONAL INVESTMENTS

25-1211909

(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:

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ILSCO CORPORATION</u>		D Employer Identification Number (EIN) <u>31-0208980</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	752696	716378
	(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)	305044	214785
	(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)	165968	187569
	(9) Value of interest in common/collective trusts	1c(9)		
	(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)	42130291	43398326
	(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	43353999	44517058

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	10000	10000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10000	10000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	43343999	44507058
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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)	716378	
(B) Participants	2a(1)(B)	686447	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1402825
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)	6350	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6350
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1794013	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1794013
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	399650	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		399650

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3602838

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2399717	
(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)		2399717
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	40050	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	12	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		40062
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2439779

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1163059
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: BARNES DENNIG

(2) EIN: 31-1119890

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		5000000
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

ILSCO Salaried Employees Profit Sharing Trust

**Financial Statements with Supplementary Information
Years Ended December 31, 2014 and 2013
With Independent Auditors' Report**



BARNES DENNIG

Accounting • Tax • Business Insight

Independent Auditors' Report

To the Administrative Committee of the
IlSCO Salaried Employees Profit Sharing Trust
Cincinnati, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of IlSCO Salaried Employees Profit Sharing Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IlSCO Salaried Employees Profit Sharing Trust as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

**Independent Auditors' Report
(Continued)**

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year), is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in dark ink, appearing to read "Barnes Dennis & Co. Ltd.", is written in a cursive, flowing style.

July 14, 2015
Cincinnati, Ohio

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Statements of Net Assets Available for Benefits December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments:		
Investments at fair value	<u>\$ 43,613,111</u>	<u>\$ 42,435,335</u>
Receivables:		
Employer profit sharing contribution	716,378	752,696
Notes receivable from participants	<u>187,569</u>	<u>165,968</u>
Total receivables	<u>903,947</u>	<u>918,664</u>
Total assets	44,517,058	43,353,999
Liabilities		
Accounts payable	<u>(10,000)</u>	<u>(10,000)</u>
Net assets available for benefits	<u><u>\$ 44,507,058</u></u>	<u><u>\$ 43,343,999</u></u>

The accompanying notes are an integral part of these financial statements

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2014

Additions:

Investment income:

Dividends	\$ 1,794,013
Net appreciation in fair value of investments	<u>399,650</u>

Total investment income	<u>2,193,663</u>
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Interest income on notes receivable from participants	<u>6,350</u>
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Contributions:

Employer	716,378
Employee	<u>686,447</u>

Total contributions	<u>1,402,825</u>
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Total additions	<u>3,602,838</u>
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Deductions:

Benefit payments to participants	2,399,717
Administrative fees	<u>40,062</u>

Total deductions	<u>2,439,779</u>
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Net increase	1,163,059
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Net assets available for benefits:

Beginning of year	<u>43,343,999</u>
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End of year	<u><u>\$ 44,507,058</u></u>
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The accompanying notes are an integral part of these financial statements

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of IlSCO Salaried Employees Profit Sharing Trust have been prepared on the accrual basis.

Investment Valuation and Income Recognition

Investments are reported 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. See Note 5 for discussion of fair value measurements.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonable possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses and costs of administering the Plan were paid for by the Plan sponsor. Additionally, the Plan paid \$40,062 in administrative fees and adjustments for 2014.

Related Party Transactions

Certain plan investments are in mutual fund accounts managed by The PNC Financial Services Group, Inc. PNC is the asset custodian as defined by the Plan and therefore, these transactions qualify as party-in-interest.

Several employees of the Company provide administrative services to the Plan. These services include plan oversight and day-to-day plan administration. The Plan is not charged by the Company for these services.

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Management Estimates

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

Subsequent Event Evaluation

In preparing its financial statements, the Plan has evaluated events subsequent to the balance sheet date through July 14, 2015, which is the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF THE PLAN

The following description of IlSCO Salaried Employees Profit Sharing Trust 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 and is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has a 401(k) option covering most salaried employees and certain hourly employees of IlSCO Corporation (the "Company") who have completed one year of service (at least 1,000 hours).

Contributions

A participant may elect to contribute up to 100% of their pre-tax earnings, not to exceed limitations established under Section 402(g) of the Internal Revenue Code of 1986 as amended (\$17,500 at December 31, 2014). The plan permits catch-up elective deferrals for participants over 50 years of age subject to Internal Revenue Code limitations. These contributions are participant-directed.

Employer contributions are made at the discretion of the Board of Directors. For 2014, the Company made contributions equal to 6.5% of eligible compensation as defined by the Plan. Until distribution, the Company contributions are invested in a diversified portfolio of investments at the direction of the Administrative Committee.

Rollover Contributions

Participants may roll over their taxable portion of funds previously held for their account in another employee benefit plan to the Plan on a tax-free basis.

Participant Accounts

Each participant's account is credited with the participant's contribution, Company's discretionary contribution, allocation of plan earnings and losses, and forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting and Forfeitures

Participants vest in the employer contributions at 20 percent upon completion of two full years of service (at least 1,000 hours per year) and at 20 percent per full year of service thereafter. Upon retirement, disability or death, participants receive 100 percent of the market value of their vested accounts. The Plan also provides that forfeitures of non-vested employer contributions shall be allocated to active participants in the proportion of individual to aggregate total compensation. Forfeitures that were allocated to active participants were approximately \$4,000 and \$4,200 in 2014 and 2013, respectively.

Notes Receivable from Participants

Participants may borrow from their participant directed accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25 percent to 8.25 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

Participants may withdraw the participant-directed balance from the Plan subject to criteria outlined in the Plan document. Upon termination of service, participants receive the vested balance of their non-participant directed employer contribution account as a lump sum payment subject to the waiting periods established by the Plan document.

In conditions of "financial hardship", a participant may apply to the Plan administrator for approval to withdraw that portion of their elective deferrals necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code.

NOTE 3 INVESTMENTS

The Plan's investments that represented five percent or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
Non-participant directed:		
Vanguard Intermediate Term Fund	\$ 3,400,837	\$ 3,114,982
Vanguard GNMA Fund	2,379,779	3,707,091
Vanguard Short Term Fund	4,713,323	4,428,683

During 2014, the Plan's investments in mutual funds, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by \$399,650.

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 4 NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and significant components of the changes in net assets relating to the non-participant directed investments is as follows as of December 31, 2014 and 2013:

	2014	2013
Net assets available for benefits		
Investments at fair value:		
UBS Liquid Assets Fund	\$ 214,781	\$ 305,045
American Mutual Funds	1,187,335	1,051,181
Artisan Mid Cap Value Fund	1,810,923	1,785,288
Europacific Growth Fund	1,901,822	1,946,450
Harbor International Fund	1,929,195	2,070,110
Matthews Asia Small Companies	951,629	854,337
Cohen & Steers Realty	1,733,552	1,233,055
New World Fund	822,726	850,689
Royce Opportunity Fund	2,008,480	2,016,676
Royce Total Return Fund	1,748,572	1,722,504
T Rowe Price New America Growth Fund	1,478,526	1,350,979
Vanguard Short Term Investment Fund	4,713,323	4,428,683
Vanguard Total Stock Market Index Fund	1,198,002	1,064,174
Vanguard GNMA Fund	2,379,779	3,707,091
Vanguard Intermediate Term Fund	3,400,837	3,114,982
Vanguard PRIMECAP Core	1,694,721	1,420,727
Vanguard Selected Value Fund	1,913,400	1,798,994
Vanguard Windsor II Fund	1,140,579	1,025,166
	32,228,182	31,746,131
Receivables:		
Company contributions	716,378	752,696
Liabilities - accounts payable	(10,000)	(10,000)
Net assets available for benefits	<u>\$ 32,934,560</u>	<u>\$ 32,488,827</u>

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 4 NON-PARTICIPANT DIRECTED INVESTMENTS (CONTINUED)

	<u>2014</u>
Change in net assets:	
Investment income, net unrealized	
depreciation in fair value of investments	
and realized gain on sale of investments	\$ 1,691,302
Company contributions	716,378
Benefits paid to participants and	
administrative expenses	<u>(1,961,947)</u>
Net increase for the year	<u>\$ 445,733</u>

NOTE 5 FAIR VALUE MEASUREMENTS

Applicable generally accepted accounting principles (GAAP) for fair value measurements and disclosures 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 prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under applicable GAAP accounting for fair value measurements and disclosures are described below:

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 to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation approaches used for assets measured at fair value:

Mutual funds: Value at the net asset value ("NAV") of shares held by the plan at year end,

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

Assets and Liabilities Measured at Fair Value on a Recurring Basis

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

Description	12/31/2014	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Net Assets				
Investments	\$ 42,836,856	\$ 42,836,856	\$ -	\$ -
Money market	776,255	-	776,255	-
Total net assets	<u>\$ 43,613,111</u>	<u>\$ 42,836,856</u>	<u>\$ 776,255</u>	<u>\$ -</u>

Description	12/31/2013	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Net Assets				
Investments	\$ 41,645,079	\$ 41,645,079	\$ -	\$ -
Money market	790,256	-	790,256	-
Total net assets	<u>\$ 42,435,335</u>	<u>\$ 41,645,079</u>	<u>\$ 790,256</u>	<u>\$ -</u>

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Notes to Financial Statements (Continued)

NOTE 6 PLAN TERMINATION

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

NOTE 7 TAX STATUS

The Plan obtained its latest determination letter dated May 28, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the accompanying financial statements do not include a provision for federal income taxes. Furthermore, the Plan has been amended since receiving the determination letter. Both the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related Plan was tax-exempt as of the financial statement date.

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2014

Schedule H (Form 5500)
EIN 31-0208980
Plan Number - 001

Column A	Column B	Column C	Column D	Column E	Column F
	Identity of issuer, borrower of similar entity	Description of Investment	Principle/ Share	Cost	Current Value
*	BlackRock Money Market	Mutual Funds	495,282	\$ 712,506	\$ 776,255
*	UBS Liquid Assets Fund	Mutual Funds	236,991	236,991	236,991
	American Balanced Fund	Mutual Funds	22,484	433,946	556,472
	American Century Equity Growth Fund	Mutual Funds	13,731	359,785	421,676
	Cohen & Steers Realty	Mutual Funds	22,555	1,539,610	1,733,552
	American Mutual Fund	Mutual Funds	31,961	790,485	1,187,335
	American New World Fund	Mutual Funds	15,381	706,302	822,726
	Artisan Mid Cap Value Fund	Mutual Funds	73,525	2,320,415	3,108,030
	Baron Small Cap Fund	Mutual Funds	27,414	731,326	913,163
*	BlackRock GNMA Fund	Mutual Funds	46,810	471,770	466,695
*	Blackrock S&P 500 Stock	Mutual Funds	1,045	207,944	258,512
	Europacific Growth Fund	Mutual Funds	40,387	1,937,134	2,636,063
	Federated Intermediate Fund	Mutual Funds	35,934	356,978	341,372
	Vanguard Total Stock Market Index Fund	Mutual Funds	23,217	799,798	1,198,002
	Harbor International Fund	Mutual Funds	29,781	1,929,195	1,929,195
	Janus Enterprise Fund	Mutual Funds	13,829	915,430	1,174,804
	Janus Overseas Fund	Mutual Funds	20,898	763,584	657,035
	Matthews Asia Small Companies Fund	Mutual Funds	44,344	763,348	951,629
	MFS MA Investors Growth Fund	Mutual Funds	31,570	556,405	767,475
	Royce Opportunity Fund	Mutual Funds	147,249	1,395,871	2,008,480
	Royce Premier Fund	Mutual Funds	40,213	728,150	777,319
	Royce Total Return Fund	Mutual Funds	119,683	1,378,018	1,748,572
	T Rowe Price New America Growth Fund	Mutual Funds	35,195	1,166,532	1,478,526
	Vanguard GNMA Fund	Mutual Funds	219,943	2,155,937	2,379,779
	Vanguard Intermediate Term Fund	Mutual Funds	345,965	1,321,780	3,400,837
	Vanguard PRIMECAP Core	Mutual Funds	78,314	245,080	1,694,721
	Vanguard Selected Value Fund	Mutual Funds	67,421	414,522	1,913,400
	Vanguard Windsor II Fund	Mutual Funds	17,229	229,513	1,140,579
	Vanguard Short Term Investment Fund	Mutual Funds	442,150	4,732,181	4,713,323
	Washington Mutual Investors Fund	Mutual Funds	54,018	1,679,974	2,212,022
	Vanguard Short Term Investment Bond	Mutual Funds	804	8,635	8,571
*	Participant Loans	3.25% - 8.25%	-	-	187,569
		Total		\$ 31,980,510	\$ 43,800,680

* Denotes Party-In-Interest

See independent auditors' report

ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2014

Schedule H (Form 5500)
EIN 31-0208980
Plan Number - 001

Column A	Column B	Column C	Column D	Column E	Column F
	Identity of issuer, borrower of similar entity	Description of Investment	Principle/ Share	Cost	Current Value
*	BlackRock Money Market	Mutual Funds	495,282	\$ 712,506	\$ 776,255
*	UBS Liquid Assets Fund	Mutual Funds	236,991	236,991	236,991
	American Balanced Fund	Mutual Funds	22,484	433,946	556,472
	American Century Equity Growth Fund	Mutual Funds	13,731	359,785	421,676
	Cohen & Steers Realty	Mutual Funds	22,555	1,539,610	1,733,552
	American Mutual Fund	Mutual Funds	31,961	790,485	1,187,335
	American New World Fund	Mutual Funds	15,381	706,302	822,726
	Artisan Mid Cap Value Fund	Mutual Funds	73,525	2,320,415	3,108,030
	Baron Small Cap Fund	Mutual Funds	27,414	731,326	913,163
*	BlackRock GNMA Fund	Mutual Funds	46,810	471,770	466,695
*	Blackrock S&P 500 Stock	Mutual Funds	1,045	207,944	258,512
	Europacific Growth Fund	Mutual Funds	40,387	1,937,134	2,636,063
	Federated Intermediate Fund	Mutual Funds	35,934	356,978	341,372
	Vanguard Total Stock Market Index Fund	Mutual Funds	23,217	799,798	1,198,002
	Harbor International Fund	Mutual Funds	29,781	1,929,195	1,929,195
	Janus Enterprise Fund	Mutual Funds	13,829	915,430	1,174,804
	Janus Overseas Fund	Mutual Funds	20,898	763,584	657,035
	Matthews Asia Small Companies Fund	Mutual Funds	44,344	763,348	951,629
	MFS MA Investors Growth Fund	Mutual Funds	31,570	556,405	767,475
	Royce Opportunity Fund	Mutual Funds	147,249	1,395,871	2,008,480
	Royce Premier Fund	Mutual Funds	40,213	728,150	777,319
	Royce Total Return Fund	Mutual Funds	119,683	1,378,018	1,748,572
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	Vanguard GNMA Fund	Mutual Funds	219,943	2,155,937	2,379,779
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	Vanguard PRIMECAP Core	Mutual Funds	78,314	245,080	1,694,721
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	Vanguard Windsor II Fund	Mutual Funds	17,229	229,513	1,140,579
	Vanguard Short Term Investment Fund	Mutual Funds	442,150	4,732,181	4,713,323
	Washington Mutual Investors Fund	Mutual Funds	54,018	1,679,974	2,212,022
	Vanguard Short Term Investment Bond	Mutual Funds	804	8,635	8,571
*	Participant Loans	3.25% - 8.25%	-	-	187,569
		Total		\$ 31,980,510	\$ 43,800,680

* Denotes Party-In-Interest

See independent auditors' report