

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>FITESA 401(K) RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
	1c Effective date of plan <u>03/01/2012</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FITESA SIMPSONVILLE, INC.</u> <u>840 SE MAIN ST</u> <u>SIMPSONVILLE, SC 29681</u>	2b Employer Identification Number (EIN) <u>27-0535327</u>	2c Plan Sponsor's telephone number <u>864-967-5637</u>	2d Business code (see instructions) <u>339900</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.	09/09/2015	AMY VERBOSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2015	AMY VERBOSKY
	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	5 164
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) 149
a(2) Total number of active participants at the end of the plan year	6a(2) 159
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 29
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 188
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 188
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 185
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
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	
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) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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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 FITESA 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FITESA SIMPSONVILLE, INC.	D Employer Identification Number (EIN) 27-0535327	

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

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	31505	34	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	1244627

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan FITESA 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FITESA SIMPSONVILLE, INC.	D Employer Identification Number (EIN) 27-0535327	

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
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
DODGE AND COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
T ROWE PRICE
52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN BEACON
75-2401150

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

BARON CAPITAL GROUP

13-3122938

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

GOLDMAN SACHS

13-5108880

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

MFS

04-2747644

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

JPMORGAN

13-2624428

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

AMERICAN CENTURY

44-6006315

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

VANGUARD

23-1945930

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

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

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

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

WELLS FARGO

94-1347393

(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 37 50 62 64	SERVICE PROVIDER	42591	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JOSEPH P HANDY, CPA, PLC

05-0572300

(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?
10	SERVICE PROVIDER	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIME TRUST ADVISORS

20-5346692

(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?
27 70	SERVICE PROVIDER	16500	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: 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 FITESA 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FITESA SIMPSONVILLE, INC.	D Employer Identification Number (EIN) 27-0535327	

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: NEW YORK LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

c EIN-PN 13-5582869-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1244627
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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)
-----------------	----------------------	---

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

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
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
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
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

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>FITESA 401(K) RETIREMENT SAVINGS 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>FITESA SIMPSONVILLE, INC.</u>		D Employer Identification Number (EIN) <u>27-0535327</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	5374828	3422
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)		
(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)	885912	731893
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1060757	1244627
(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)	11183548	17772285
(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	18505045	19752227

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	18505045	19752227
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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)	774850	
(B) Participants	2a(1)(B)	763614	
(C) Others (including rollovers)	2a(1)(C)	1189	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1539653
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)	34093	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34093
(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)	244591	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		244591
(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)		20256
(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)		915957
c Other income.....	2c		28683
d Total income. Add all income amounts in column (b) and enter total.....	2d		2783233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1506993	
(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)		1506993
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		119
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	18500	
(2) Contract administrator fees.....	2i(2)	42591	
(3) Investment advisory and management fees.....	2i(3)	16500	
(4) Other.....	2i(4)	5010	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		82601
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1589713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1193520
l Transfers of assets:			
(1) To this plan.....	2l(1)		53662
(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: JOSEPH P HANDY CPA PLC

(2) EIN: 05-0572300

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	
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	
e Was this plan covered by a fidelity bond?	X		1025000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

<div>A Name of plan FITESA 401(K) RETIREMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 FITESA SIMPSONVILLE, INC.</div>	<div>D Employer Identification Number (EIN) 27-0535327</div>

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): 41-6257133		
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)
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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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FITESA 401(k) RETIREMENT SAVINGS PLAN

Financial Statements

For the Year Ended December 31, 2014 and 2013

With the Independent Auditor's Report

Fitesa 401(k) Retirement Savings Plan

Financial Statements

For the Year Ended December 31, 2014 and 2013

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JOSEPH P. HANDY, CPA, PLC.

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Independent Auditor's Report

To the Board of Directors
Fitesa 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fitesa 401(k) Retirement Savings Plan (the "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 year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and 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 2*, which was certified by the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Wells Fargo Bank, N.A. as of and for the year ended December 31, 2014 and from New York Life Trust Company as of and for the year ended December 31, 2013, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of the Year) as of December 31, 2014 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 the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental 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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Joseph P. Handy, CPA, PLC." The signature is written in a cursive, flowing style.

Joseph P. Handy, CPA, PLC.
North Miami, FL

August 14, 2015

FITESA 401(k) RETIREMENT SAVINGS PLAN

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

	2014	2013
Assets:		
Cash, non-interest bearing	\$ 3,422	\$ 5,374,828
Investments, at fair value	19,037,946	12,262,550
Receivables:		
Employer contribution receivable	26,698	51,066
Employee contribution receivable	19,161	13,184
Notes receivable from participants	731,893	885,912
Total assets	19,819,120	18,587,540
Net Assets Available For Benefits at Fair Value	19,819,120	18,587,540
Adjustments from fair value to contract value for fully benefit-responsive investment contract	(21,034)	(18,245)
Net Assets Available For Benefits	\$ 19,798,086	\$ 18,569,295

FITESA 401(k) RETIREMENT SAVINGS PLAN

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

Additions To Net Assets Attributed To:

Investment income:	
Net appreciation in fair value of investments:	
Mutual funds	\$ 915,957
Pooled separate account	20,256
Interest and dividend income	244,591
Mutual fund rebate income	28,683
 Interest income on participant notes receivable	 34,093
 Contributions:	
Employee	769,591
Employee rollover	1,189
Employer	750,482
 Transfer from Fiberweb Simpsonville, Inc. Retirement Savings Plan	 <u>53,662</u>
 Total additions to net assets	 <u>2,818,504</u>

Deductions From Net Assets Attributed To:

Benefits paid to participants	1,506,993
Deemed distributions	119
Administrative fees	<u>82,601</u>
 Total deductions to net assets	 <u>1,589,713</u>
 Net increase	 \$ 1,228,791

Net Assets Available For Benefits:

Beginning of plan year	<u>\$ 18,569,295</u>
End of plan year	<u><u>\$ 19,798,086</u></u>

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 1. Description of the Plan and Summary of Significant Accounting Policies

The following description of Fitesa 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Description of the Plan:

General

The Plan was established on March 1, 2012 from a spin-off of the Fiberweb Simpsonville, Inc. Retirement Savings Plan which was sponsored by a former related employer, Fiberweb Simpsonville, Inc. The plan is intended to encourage and assist employees in adopting a regular savings program and to help provide additional security for their retirement. Fitesa Simpsonville, Inc. (the “Company”) is the Plan Sponsor.

The Plan is a defined contribution plan covering eligible employees of the employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant accounts

Each participant has an individual account established and maintained under the Plan that is credited with the participant’s contributions and withdrawals, company matching contributions and plan earnings or losses. Plan earnings or losses are allocated among the participants’ account balances in the proportion that each participant account balance bears to the aggregate of all participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Contributions

Upon employment, employees of the employer may begin participation on the first day of the calendar quarter following the day of employment. Each participant may contribute on a pretax basis 1% to 85% of his or her compensation to the Plan, as defined by the plan document subject to the limitations in the Internal Revenue Code (IRC). For 2014 and 2013, employee deferrals could not exceed \$17,500 unless the participant has reached age 50 before the end of the Plan year, therefore making them eligible for an additional catch-up contribution up to \$5,500.

If the participant does not complete a salary deferral agreement, make investment elections, or decline to participate within thirty (30) days of eligibility, the employer automatically enrolls the employee into the Plan and withholds four percent (4%) of the eligible earnings from the participant’s paycheck each payroll period. The automatic contributions to the Plan will be invested in a default investment fund selected by the Company unless the participant makes an investment election.

The Company is required to match 100% of the first 4% of a participant’s elective deferrals. In addition, the Company is required to make a safe harbor profit sharing contribution of 3% of a participant’s eligible compensation.

FITESA 401(k) RETIREMENT SAVINGS PLAN

**Notes to Financial Statements
December 31, 2014 and 2013**

Note 1. Description of the Plan and Summary of Significant Accounting Policies (Continued)**Vesting**

Participants are immediately 100% vested in their voluntary contributions, the employer match on pretax contributions, employer profit sharing contributions and actual earnings thereon.

Investment options

Upon enrollment in the Plan, a participant may direct their deferrals and employer contributions in any of the twenty-two options offered by Wells Fargo Bank, N.A. Participants may change their investment options effective at any time during the year. As of December 31, 2014 there were some participants that still had investments remaining in the New York Life ("NYL") Stable Value fund. This was an investment offered by the previous plan administrator. This fund is not an investment offered by Wells Fargo for future elections. The participant's funds will remain in the NYL Stable Value fund until the Plan Sponsor notifies NYL of their intention to terminate the contract. NYL will require a twelve month waiting period before liquidation from the time notification is provided.

Notes receivable from participants

Participants may borrow from a minimum of \$1,000 up to a maximum of 50% of their vested account balance, not to exceed \$50,000. The interest rate applied to the note is prime plus one percent as published in the Wall Street Journal on the day the loan is initiated. Most notes must be repaid within five years, with the exception of a notes established for the purchase of a principal residence, which can be repaid over a period of not more than ten years.

Interest rates ranged from 4.25% to 9.25% as of December 31, 2014 and 2013. A participant may only have two loans outstanding at any given time. An outstanding note receivable becomes due upon termination, or when a loan payment is not made. Any unpaid balance becomes a deemed distribution. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of benefits

Upon retirement, disability, death or termination, participants (or their beneficiaries) may elect to receive the value of their account by any one or more methods of payment authorized by the Plan, which includes a lump-sum amount or a series of installment payments over a specified time defined by the Plan. Participants may also choose to have their account balances transferred directly to another qualified plan or individual retirement account. Participants, who terminate employment with an account balance of less than \$1,000, or who requests distributions of less than \$1,000, automatically receive lump-sum distributions.

Participants may request withdrawals from their accounts based upon financial hardship as defined in U.S. Treasury regulations, subject to the approval of the Saving Plan Committee. In the event such a withdrawal is made, the distribution is subject to 20% federal withholding and a 10% excise tax if the participant has not attained age 59½.

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Note 1. Description of the Plan and Summary of Significant Accounting Policies (Continued)**Forfeited accounts**

Upon termination, participants are fully vested in their employee deferrals, employer match and any profit sharing contributions made by the employer. Therefore forfeitures are not applicable to this plan.

Summary of Significant Accounting Policies:**Basis of accounting**

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in net assets available for benefits during the reporting year and period. Actual results could differ from those estimates.

Investment valuation*Mutual funds*

The Plan's investments are stated at fair value as certified by the trustee. Quoted market prices are used by the trustee to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Group Annuity Contract

The Plan participates in a group annuity contract with New York Life Insurance Company (NYLIC). The group annuity contract provides for two distinct accounts 1) Stable Value Account and 2) Pooled Separate Account No. 25.

The Stable Value Account is at all times equal to the contributions made to the contract plus interest credited, plus dividends, minus expenses withdrawn and minus withdrawals made.

The assets in the Pooled Separate Account No. 25 are invested primarily in fixed income securities, which are owned by NYLIC.

The group annuity contract is valued at the plan's pro-rata share of the Pooled Separate Account No. 25 fair value reported by the fund manager based on the underlying investments within each fund and are expressed in units representing the net asset value of each fund by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

FITESA 401(k) RETIREMENT SAVINGS PLAN

**Notes to Financial Statements
December 31, 2014 and 2013**

Note 1. Description of the Plan and Summary of Significant Accounting Policies (Continued)

Net gain (loss) from investment activity is comprised of realized, as well as unrealized, gains or losses resulting from investment transactions. Realized gains and losses represent the difference between sales proceeds of plan investments and the fair market value of such investments at the beginning of the year, or cost if such investments were purchased during the current year. Unrealized gains and losses represent the difference between the fair market value of investments at the beginning of the year, or cost if such investments were purchased during the year and the fair market value at the end of the reporting year and period.

Income recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned 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 and period.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Management reviews the notes receivable activity regularly to determine if outstanding balances are uncollectible or impaired. Management deems any loan with payments over 60 days past due to be uncollectible. The Plan accrues interest on the notes at the rate applicable to the note and recognizes interest income. It is unlikely a note receivable principal balance will be impaired because the note is secured by the participant's vested balance. When a participant's loan is defaulted it is reported on the Form 5500 as a deemed distributed loan and the note receivable balance is removed from the Statement of Net Assets reported on the Form 5500.

Payment of benefits

Benefits are recorded when they are paid.

Plan administration and fees

Employee and employer contributions are remitted to the trustee, who invests the cash received as directed by the participants. The trustee accounts for contributions, interest and dividend earnings, termination benefits, and unrealized gains and losses daily. Administrative expenses of the Plan for the years ended December 31, 2014 and 2013 were \$82,601 and \$47,208, respectively.

Certain administrative functions for the Plan are performed by employees of the Company. The Company employees do not receive compensation from the Plan. All administrative fees are paid by the Plan.

Dates of management's review

Subsequent events were evaluated through the independent auditor's report date, which is the date the financial statements were available to be issued.

FITESA 401(k) RETIREMENT SAVINGS PLAN

**Notes to Financial Statements
December 31, 2014 and 2013**

Note 2. Information Prepared and Certified by Trustee (Unaudited)

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 that the following data included in the accompanying financial statements is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown on the statement of net assets available for benefits as of December 31, 2014 and 2013.
- Interest and dividend income, net loss from investment activity and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2014.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

Note 3. Pooled Separate Account

The "Anchor Account" is the marketing name for the NYLIC's Pooled Separate Account No. 25. Pooled Separate Account No. 25 is made available to participating plans through a group annuity contract issued to the plans' trustee. The contract is designed to be an investment contract and is not assignable. The Pooled Separate Account No. 25 is not a unitized separate account so NYLIC does not maintain plan level records reflecting a plan's interest in Pooled Separate Account No. 25 nor is the amount available for withdrawal by the plan.

The group annuity contract provides for two distinct accounts 1) Stable Value Account and 2) Pooled Separate Account 25.

- The Stable Value Account is a book value record of the amounts deposited to and withdrawn from the Pooled Separate Accounts No. 25. The Stable Value Account is at all times equal to the contributions made to the contract plus interest credited, plus dividends, minus expenses withdrawn and minus withdrawals made. The Stable Value Account represents the guarantee that NYLIC is making to the plan sponsoring participating in the group annuity contract.
- The assets in the Pooled Separate Account No. 25 are invested primarily in fixed income securities, which are owned by New York Life Insurance Company. However, the assets in this account are maintained solely for the benefit of the contract holders participating in the separate account and are not chargeable with any other liabilities arising out of any other business of NYLIC.

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 3. Pooled Separate Account (Continued)

Interest is accrued daily and credited monthly to the Stable Value Account and reflects the investment experience of Pooled Separate Account No. 25. Interest rates are guaranteed by NYLIC to be no less than 0%, before deductions for expenses. The average yield for 2014 and 2013 was 2.14% and 2.17%, respectively. The average crediting interest rate for the contract as of December 31, 2014 and 2013 was 1.69% and 1.72%, respectively. There was no valuation reserves recorded that were associated with the group annuity contract in 2014 and 2013. The investment can be redeemed at any time and has no unfunded commitments.

At contract termination, a participating plan may receive a book value distribution of the Plan's interest in the group annuity contract, provided the plan sponsor provides twelve months' advance written notice to NYLIC. The plan sponsor has not provided notice to NYLIC as of the independent auditors' report date.

Certain distributions (e.g., distributions resulting from employer-initiated events such as plan termination, merger, spin-off, lay-off, early retirement incentives, etc.) may be subject to a market value adjustment. An event that limits the Plan's ability to transact at contract value with participants in the Plan must be probable of not occurring for the contract to be considered benefit-responsive.

Note 4. Investments

The following presents the fair values of the Plan's investments which are participant-directed that and represent five percent or more of the Plan's net assets available for benefits as certified by the trustee at December 31st:

	<u>2014</u>	<u>2013</u>
Pooled separate account:		
New York Life Anchor Account III	1,265,661	\$ 1,079,001
Mutual funds, at fair value:		
Vanguard 500 Index Fund (Signal Shares)	1,790,009	1,522,994
Wells Fargo Adv DJTD 2030 Adm	1,696,502	378,915
Baron Growth Institutional	1,649,849	-
MFS Mid Cap Value R3	1,331,111	-
American Funds - Fundamental Investors Fund (Class R5)	1,304,013	1,112,362
American Beacon Small Cap Value Fund (Investor Class)	1,249,470	-
Dodge & Cox Intl Stock Fund	1,243,380	1,240,750
Massachusetts Investors Growth (R3)	1,188,583	-
Dodge & Cox Income Fund	1,081,272	1,323,617
T. Rowe Price New Horizons Fund	1,031,076	937,352
Wells Fargo Adv DJTD 2025 Adm	371,561	1,533,302
Goldman Sachs Mid Cap Value A	-	1,167,938
Other investments less than 5% of the Plan's net assets	3,835,459	1,966,319
	<u><u>\$ 19,037,946</u></u>	<u><u>\$ 12,262,550</u></u>

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 4. Investments (Continued)

During 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$936,213 as follows:

Mutual funds	\$ 915,957
Pooled separate account	20,256
Net change in fair value	<u>\$ 936,213</u>

Note 5. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures" provides the 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 the standards 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, and
- 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 fair value measurement level of assets or liabilities within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation 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 plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 5. Fair Value Measurement (Continued)

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

Mutual funds: Value is based on quoted net asset values of the shares held by the Plan at year-end.

Pooled separate account: As required by applicable standards, the Plan's pooled separate account investment is required to be reported at fair value. However, contract value is the relevant measurement attributed 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. As such, the statement of net assets available for benefits present the fair value of these investments as well as the adjustment of the investments from fair value to contract value relating to the fully benefit-responsive investment contracts.

The Plan has elected to use a practical expedient to estimate the fair value of the investment in the pooled separate account. The net asset value (NAV), including units of ownership to which a proportionate share of net assets is attributed, is used as of the reporting date. The pooled separate account is categorized as Level 3 because the Plan cannot redeem its investment at fair value. The inputs used in valuing the underlying investments in the pooled separate account include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liabilities and inputs that are derived principally from or corroborated by observable market data.

The following table set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013. All mutual funds in 2014 and 2013 were measured using level 1 and the pooled separate accounts were measured using level 3. The same levels used in 2014 were also used for 2013. There were no assets classified as level 2 in 2014 and 2013.

	12/31/2014			
	Fair Value Measurement Using:		Total Fair Value	
	Level 1	Level 3	12/31/2014	12/31/2013
Mutual funds:				
Equity	\$ 12,406,370	\$ -	\$ 12,406,370	\$ 6,880,190
Wells Fargo equity	1,078,562	-	1,078,562	1,780,526
Wells Fargo balanced	2,710,913	-	2,710,913	1,198,450
Corporate bonds	1,576,440	-	1,576,440	1,324,383
Total mutual funds	17,772,285	-	17,772,285	11,183,549
Pooled separate account	-	1,265,661	1,265,661	1,079,001
Total assets at fair value	\$ 17,772,285	\$ 1,265,661	\$ 19,037,946	\$ 12,262,550

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 5. Fair Value Measurement (Continued)

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the pooled separate account contract with the insurance company for the year ended December 31, 2014:

Beginning balance, January 1, 2014	\$ 1,079,001
Total gains or losses included in changes in net assets available for benefits	20,256
Purchases, issues, sales, and settlements:	
Purchases	271,635
Issues	-
Sales	(105,231)
Settlements	-
Ending balance, December 31, 2014	<u><u>\$ 1,265,661</u></u>
The amount of total gains or losses for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains or losses relating to assets held at the end of the reporting period	<u><u>\$ 20,256</u></u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014, are reported in net appreciation in fair value of investments. Unrealized gains/(losses) from the pooled separate account contract are not reported in the statement of changes in net assets available for benefits as the contract is recorded at contract value for presentation in the net assets available for benefits.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2014, there were no significant transfers into or out of Level 3.

Note 6. Plan Termination

While the Company has not expressed any intent to do so, they reserve the right to terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, the amounts credited to the accounts of the participants shall be distributed to the participants or their beneficiaries under the terms of the plan agreement.

FITESA 401(k) RETIREMENT SAVINGS PLAN

**Notes to Financial Statements
December 31, 2014 and 2013**

Note 7. Income Tax Status

The Internal Revenue Service (IRS) has not issued a determination letter for this Plan. The Plan filed a determination letter application on July 26, 2013. On April 25, 2014, the Internal Revenue Service acknowledged the application and advised that the application would be treated as an “off-cycle” filing and would not be reviewed until the on-cycle filings were reviewed. As of the Independent Auditors’ report date, the application has not been reviewed by the IRS.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2014, there were no uncertain position taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statement of net assets available for benefits.

Note 9. Party-In-Interest Transactions

The certain mutual fund investments held by the Plan during the year are issued and managed by Wells Fargo, the trustee or its affiliates. Accordingly, the transactions in such investments qualify as party-in-interest transactions as defined by ERISA, which are exempt from the prohibited transaction rules.

During the year ended December 31, 2014 the Employer provided the Plan with certain accounting and administrative services for which no fees were charged.

Note 10. Change in Custodian and Trustee

Effective January 1, 2014, the Plan has changed the custodian and trustees for the plan, all the assets held by the predecessor custodian and trustee were transferred on that date. The blackout period began December 26, 2013 and ended on January 19, 2014. During this period, the participants could not direct or diversify investments, make withdrawals or distributions from the plan.

FITESA 401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2014 and 2013

Note 11. Plan Amendments

Effective March 1, 2014, the board of directors removed the plan provision requiring a separate bonus deferral election.

Effective January 1, 2015, the board of directors have amended the plan provisions to change the definition of “compensation” to a W-2 wages safe harbor definition, with modifications, and to make the corresponding changes to the definition of “statutory compensation”. Compensation shall not include taxable moving expense reimbursements, tax equalization payments, house differential reimbursements and rent reimbursements. Statutory compensation shall not include amounts paid as compensation to a nonresident alien.

Note 12. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 19,798,086	\$ 18,569,295
Subtract: Contributions receivable per the financial statements	<u>(45,859)</u>	<u>(64,250)</u>
Net assets available for benefits per Form 5500	<u>\$ 19,752,227</u>	<u>\$ 18,505,045</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net assets per Form 5500 at December 31, 2014:

Net increase in net assets available for benefits per the financial statements	\$ 1,228,791
Subtract: Transfers of assets into Plan	(53,662)
Subtract: Contributions receivable per the financial statements	(45,859)
Add: 2013 Contributions received in 2014	<u>64,250</u>
Net income per Form 5500	<u>\$ 1,193,520</u>

FITESA 401(k) RETIREMENT SAVINGS PLAN

Supplemental Schedule

For the Year Ended December 31, 2014

FITESA 401(k) RETIREMENT SAVINGS PLAN

EIN: 27-0535327

Plan: 001

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Item 4i

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments	Cost	Current Value
	Vanguard Index 500 (Admiral)	Mutual fund		1,790,009
*	Wells Fargo Adv DJTD 2030 Adm	Mutual fund	**	1,696,502
	Baron Growth Institutional	Mutual fund		1,649,849
	MFS Mid Cap Value R3	Mutual fund		1,331,111
	Amer Fundamental Investors R5	Mutual fund	**	1,304,013
	American Beacon Small Cap Value Y	Mutual fund		1,249,470
	New York Life Anchor Account IV	Pooled Separate Account	***	1,265,661
	Dodge & Cox Intl Stock Fund	Mutual fund	**	1,243,380
	Massachusetts Investors Growth (R3)	Mutual fund		1,188,583
	Dodge & Cox Income Fund	Mutual fund	**	1,081,272
	T. Rowe Price New Horizons Fund	Mutual fund	**	1,031,076
	JP Morgan Equity Income R5	Mutual fund		899,588
	American EuroPacific Growth R5	Mutual fund	**	719,291
*	Wells Fargo Adv DJTD 2035 Adm	Mutual fund	**	535,924
	Amer Century Govnt Bond Inv	Mutual fund	**	495,168
*	Wells Fargo Adv DJTD 2025 Adm	Mutual fund	**	371,561
*	Wells Fargo Adv DJTD 2050 Adm	Mutual fund	**	345,405
*	Wells Fargo Adv DJTD 2020 Adm	Mutual fund	**	287,998
*	Wells Fargo Adv DJTD 2040 Adm	Mutual fund	**	259,052
*	Wells Fargo Adv DJTD 2010 Adm	Mutual fund	**	110,917
*	Wells Fargo Adv DJTD 2045 Adm	Mutual fund	**	102,012
*	Wells Fargo Adv DJTD 2015 Adm	Mutual fund	**	69,065
*	Wells Fargo Adv DJTV Today Adm	Mutual fund	**	11,039
*	Cash	Cash		3,422
*	Note receivable from participants	interest rates from 4.25-9.25%		731,893
				\$ 19,773,261

* A party-in interest as defined by ERISA

** Cost omitted for participant-directed investments.

*** Represents fair value as of December 31, 2014; contract value was \$1,244,627

See Independent Auditors' Report