

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 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>07/01/2014</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>FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1994</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FIRST FEDERAL SAVINGS AND LOAN ASSOC.</u> <u>14806 DETROIT AVENUE</u> <u>LAKEWOOD, OH 44107</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0220715</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-221-7300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0220715</u>	2c Plan Sponsor's telephone number <u>216-221-7300</u>	2d Business code (see instructions) <u>522120</u>	
2b Employer Identification Number (EIN) <u>34-0220715</u>					
2c Plan Sponsor's telephone number <u>216-221-7300</u>					
2d Business code (see instructions) <u>522120</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.	09/24/2015	MAUREEN SWANSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ 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	5 450
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) 415
a(2) Total number of active participants at the end of the plan year	6a(2) 404
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 446
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 446
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 346
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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>2</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 07/01/2014 and ending 12/31/2014

A Name of plan FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL SAVINGS AND LOAN ASSOC.	D Employer Identification Number (EIN) 34-0220715

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

VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	GH5358	0	07/01/2014	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
13898	

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

NATIONAL ASSOCIATES, INC. 20325 CENTER RIDGE ROAD
ROCKY RIVER, OH 44116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11631			3

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

NATIONAL ASSOCIATES, INC. 20325 CENTER RIDGE ROAD
ROCKY RIVER, OH 44116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2267			5

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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 ▶ GROUP PENSION FUNDING		
b	Balance at the end of the previous year	7b	1132186
c	Additions: (1) Contributions deposited during the year	7c(1)	717719
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	11068
	(4) Transferred from separate account	7c(4)	8763219
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	9492006
d	Total of balance and additions (add lines 7b and 7c(6))	7d	10624192
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	406854
	(2) Administration charge made by carrier	7e(2)	450
	(3) Transferred to separate account	7e(3)	902387
	(4) Other (specify below)	7e(4)	9314501
	▶ TRANSFERRED FROM GENERAL ACCOUNT TO SEPARATE ACCOUNTS		
	(5) Total deductions	7e(5)	10624192
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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 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 07/01/2014 and ending 12/31/2014

A Name of plan FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL SAVINGS AND LOAN ASSOC.	D Employer Identification Number (EIN) 34-0220715

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

VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	812593	345	07/01/2014	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

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	

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

(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	1177966
5 Current value of plan's interest under this contract in separate accounts at year end	5	8382330

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 ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year.....	7b	0
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c Additions: (1) Contributions deposited during the year.....	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1022	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	1176944	
▶ TRANSFERED TO GENERAL ACCOUNT			

(6) Total additions.....	7c(6)	1177966
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1177966
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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)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1177966
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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. ▶

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

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 12/31/2014	
A Name of plan FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL SAVINGS AND LOAN ASSOC.	D Employer Identification Number (EIN) 34-0220715

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
VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

(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 ☐

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 12/31/2014

A Name of plan FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN	B Three-digit plan number (PN) ►	002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIRST FEDERAL SAVINGS AND LOAN ASSOC.	D Employer Identification Number (EIN) 34-0220715
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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: MAP CONTRACT - SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8382330
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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>07/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST FEDERAL SAVINGS AND LOAN ASSOC.</u>	D Employer Identification Number (EIN) <u>34-0220715</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		27790
(2) Participant contributions	1b(2)		47162
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1360376	238606
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7746765	9321690
(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)		
(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	9107141	9635248

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9107141	9635248
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	198029	
(B) Participants	2a(1)(B)	595684	
(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)		793713

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		141698
(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		935411

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	385658	
(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)		385658
f Corrective distributions (see instructions).....	2f		19502
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2144	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2144
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		407304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		528107
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: CROWE HORWATH LLP

(2) EIN: 35-0921680

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		8000000
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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 12/31/2014

A Name of plan <u>FIRST FEDERAL SAVINGS AND LOAN ASSOC OF LAKEWOOD 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST FEDERAL SAVINGS AND LOAN ASSOC.</u>	D Employer Identification Number (EIN) <u>34-0220715</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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): _____

**FIRST FEDERAL SAVINGS AND LOAN
ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
Lakewood, Ohio**

FINANCIAL STATEMENTS
December 31 and June 30, 2014, and June 30, 2013

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
Lakewood, Ohio

FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

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Crowe Horwath LLP
Independent Member Crowe Horwath International

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
First Federal Savings and Loan Association
of Lakewood 401(k) Savings Plan
Lakewood, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of First Federal Savings and Loan Association of Lakewood 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014, June 30, 2014, and June 30, 2013 and the related statements of changes in net assets available for benefits for the period from July 1, 2014 to December 31, 2014 and for the year ended June 30, 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.

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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Retirement Insurance and Annuity Company (Voya) and ING Life Insurance and Annuity Company (ING), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Voya held the Plan's investment assets and executed investment transactions from July 1, 2014 through December 31, 2014 and that ING held the Plan's investment assets and executed investment transactions as of June 30, 2014 and 2013 and for the year ended June 30, 2014. The plan administrator has obtained certifications from Voya and ING as of December 31, 2014, June 30, 2014, and June 30, 2013 and for the period from July 1, 2014 to December 31, 2014 and for the year ended June 30, 2014 that the information provided to the plan administrator by Voya and ING is complete and accurate.

(Continued)

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 H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are 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 schedules.

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 schedules, other than that derived from the information certified by Voya and ING, 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.

Crowe Horwath LLP

Crowe Horwath LLP

Cleveland, Ohio
September 15, 2015

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31 and June 30, 2014 and June 30, 2013

	December 31, 2014	June 30, 2014	June 30, 2013
ASSETS			
Investments, at fair value (Notes 4 and 5)			
Separate Account D, Sub-Accounts			
Voya (formerly ING) Money Market Portfolio – Class I	\$ 238,606	\$ 228,190	\$ 216,732
American Funds New Perspective Fund – Class R-3	719,869	786,367	594,030
VY (formerly ING) PIMCO Total Return Portfolio – Initial Class	-	573,902	387,231
Voya (formerly ING) Aggregate Bond Portfolio – Class I	529,104	-	-
VY (formerly ING) American Century Small-Mid Cap Value Portfolio – Initial	-	206,728	108,260
VY (formerly ING) Invesco Equity & Income Portfolio – Initial Class	655,951	668,573	495,217
CRM Mid Cap Value Fund – Investor Shares	263,468	266,905	216,696
American Funds The Growth Fund of America – Class R-3	1,144,807	1,057,637	811,317
American Funds Euro Pacific Growth Fund – Class R-3	352,102	369,580	339,118
Massachusetts Investors Trust – Class R-2	424,774	423,767	309,581
VY (formerly ING) FMR SM Diversified Mid Cap Portfolio – Service Class	163,425	152,009	151,074
PIMCO VIT Real Return Portfolio – Administrative Class	158,451	158,259	118,415
VY (formerly ING) Columbia Small Cap Value II Portfolio	159,564	-	-
Pioneer Equity Income Fund – Class Y Shares	1,100,358	1,035,021	819,076
Voya (formerly ING) Index Solution 2015 Portfolio – Advisor Class	97,913	65,312	51,672
Voya (formerly ING) Index Solution 2025 Portfolio – Advisor Class	668,285	600,104	480,314
Voya (formerly ING) Index Solution 2035 Portfolio – Advisor Class	439,092	374,012	223,211
Voya (formerly ING) Index Solution 2045 Portfolio – Advisor Class	113,300	83,117	40,404
Voya (formerly ING) Index Solution 2055 Portfolio – Advisor Class	94,227	65,689	30,328
Voya (formerly ING) Index Solution Income Portfolio – Advisor Class	23,562	19,638	13,400
Voya (formerly ING) Russell Large Cap Index Portfolio – Class I	511,345	349,608	305,827
Voya (formerly ING) Russell Small Cap Index Portfolio – Class I	211,417	198,825	140,417
RidgeWorth Md Cap Value Equity Fund A	112,999	90,764	53,644
Eagle Small Cap Growth Fund R3	199,711	200,948	165,577
Voya (formerly ING) Group Annuity Contract	1,180,394	1,132,186	1,147,381
Voya (formerly ING) Fixed Account	9,562,724	9,107,141	7,218,922
RECEIVABLES			
Employer contributions	27,790	-	-
Participant contributions	47,162	-	-
	74,952	-	-
TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	\$ 9,637,676	\$ 9,107,141	\$ 7,218,922

See accompanying notes to financial statements.

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the period from July 1, 2014 to December 31 and for the year ended June 30, 2014

	Period ended December 31, <u>2014</u>	Year ended June 30, <u>2014</u>
Additions to net assets attributed to:		
Investment income (Note 4)		
Net gain from investments (Note 4)	\$ 133,118	\$ 1,181,929
Interest income	<u>11,000</u>	<u>22,001</u>
Total investment income	144,118	1,203,930
Contributions		
Participants	576,182	1,058,932
Employer	198,037	149,737
Rollover	<u>-</u>	<u>31,433</u>
Total contributions	<u>774,219</u>	<u>1,240,102</u>
Total additions	918,337	2,444,032
Deductions from net assets attributed to:		
Administrative fees	2,144	2,156
Benefits paid to participants	<u>385,658</u>	<u>553,657</u>
Total deductions	387,802	555,813
Net increase	530,535	1,888,219
Net assets available for benefits		
Beginning of period	<u>9,107,141</u>	<u>7,218,922</u>
End of period	<u>\$ 9,637,676</u>	<u>\$ 9,107,141</u>

See accompanying notes to financial statements.

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 1 - DESCRIPTION OF PLAN

The following description of the First Federal Savings and Loan Association of Lakewood 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of First Federal Savings and Loan Association of Lakewood ("Company"), who have attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Change in Plan Year: Effective October 1, 2014, the Plan Year was amended to begin on January 1st and end on December 31st, except that there will be a Short Plan Year beginning on July 1, 2014 and ending on December 31, 2014.

Contributions: Participants may contribute employee deferrals up to the maximum amount allowed by law. Participants who have attained age 50 by the end of the year may make catch-up contributions in accordance with Code Section 414(v). Participants may also contribute amounts representing distributions from other qualified plans. The Company is obligated to make a matching contribution to each employee who has completed one (1) year of service equal to 30% of the first 4% of the employees' deferred compensation. Effective October 1, 2014, the Plan's matching contribution formula was amended to 100% of the first 4% of compensation deferred. The Company can elect to make discretionary contributions. A discretionary contribution was not made for the period from July 1, 2014 to December 31, 2014 or for the year ended June 30, 2014.

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

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Vesting: Participants are immediately vested in their voluntary contributions and related earnings. Vesting in the remainder of their account is based on years of credited service, as defined in the Plan, according to the following schedule:

<u>Years</u>	<u>Percentage</u>
1	0%
2	25%
3	50%
4	75%
5	100%

Former Century Bank 401(k) Retirement Plan participants are subject to the following schedule for employer profit sharing and employer matching contributions:

<u>Years</u>	<u>Percentage</u>
1	25%
2	50%
3	75%
4	100%

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Payment of Benefits: On termination of service, disability, retirement, or death, a participant may elect to receive a lump sum payment equal to the value of his or her vested interest in the account.

Notes Receivable from Participants: Loans to participants are not permitted in the Plan.

Forfeiture Accounts: Previously forfeited nonvested accounts will be used to reduce future employer contributions. As of December 31 and June 30, 2014 and June 30, 2013, forfeited nonvested accounts held in suspense to reduce future employer contributions totaled \$6,989, \$1,547 and \$14,682, respectively. During the period from July 1, 2014 to December 31, 2014, no forfeitures were used to reduce employer contributions. During the year ended June 30, 2014, forfeitures of \$11,680 were used to reduce employer contributions.

Investments: Participants may direct the investment of their accounts, in whole percentages among various investment options offered by the Plan, including sub-accounts of the Plan's pooled separate account.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

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 certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties: The Plan provides for various investment options including any combination of certain pooled separate accounts and a group annuity contract. The underlying investment securities are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants' individual account balances.

Payment of Benefits: Benefits are recorded when paid.

Payment of Plan Expenses: Expenses are paid by the Plan sponsor. Investment management fees are charged to the Plan as a reduction of investment return and included in investment income (loss) reported by the Plan.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The fair value of the underlying investments of the Plan is determined as follows:

Pooled Separate Accounts: The Plan holds an investment in Voya Retirement Insurance and Annuity Company Pooled Separate Account D, formerly known as ING Life Insurance and Annuity Company Pooled Separate Account D (Separate Account D), which is comprised of various sub-accounts to which the Plan directs its contributions, each of which is a pooled separate account offered by Voya Retirement Insurance and Annuity Company (Voya), formerly ING Life Insurance and Annuity Company (ING). The fair values of the participation units held in sub-accounts of Separate Account D are based on their net asset values reported by the managers of the pooled separate accounts and are supported by the unit prices of actual purchases and sale transactions occurring as of or close to the financial statement date (level 2 inputs). Each of the sub-accounts of Separate Account D invests in a single open-ended mutual fund as identified in the name of the sub-account. The investment strategies of these sub-accounts are consistent with each of the mutual funds identified in the name of the fund. The investment objective of the Vy (formerly ING) Pimco Total Return – Initial Class and the Pimco VIT Real Return Portfolio – Administrative Class Funds is to seek income and growth of income, with less emphasis on capital appreciation. The investment objective of the Voya (formerly ING) Aggregate Bond Portfolio – Class I is to seek maximum total return consistent with capital preservation and prudent investment management by investing in investment-grade fixed-income instruments. The investment objective of the Money Market Portfolio is to hold the principal value while earning a guaranteed stated interest rate. The investment objective of the remaining pooled accounts is to seek long-term growth of capital through investment in domestic equities and international equities. The majority of the pooled separate accounts have a transfer restriction of only one transfer per 30 day period to all participant directed transfers; however there are no withdrawal restrictions.

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Voya (formerly ING) Fixed Account: These investments are made by the Plan in a group annuity contract which is invested in the general assets of Voya, formerly ING, who guarantees a fixed interest rate. The fair value of this investment contract has been determined to approximate contract value, as determined by the contract's termination provisions, since the contract is not transferable (level 3 inputs).

Investments measured at fair value on a recurring basis are summarized below:

		Fair Value Measurements at December 31, 2014 Using	
		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:			
Life Cycle	\$	1,436,379	\$ -
Balanced		655,951	-
Bond		687,555	-
International Equity		1,071,971	-
Domestic Equity		4,291,868	-
Money Market		238,606	-
Fixed Account		-	1,180,394

		Fair Value Measurements at June 30, 2014 Using	
		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:			
Life Cycle	\$	1,207,871	\$ -
Balanced		668,573	-
Bond		732,161	-
International Equity		1,155,947	-
Domestic Equity		3,982,213	-
Money Market		228,190	-
Fixed Account		-	1,132,186

		Fair Value Measurements at June 30, 2013 Using	
		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:			
Life Cycle	\$	839,329	\$ -
Balanced		495,217	-
Bond		505,646	-
International Equity		933,148	-
Domestic Equity		3,081,469	-
Money Market		216,732	-
Fixed Account		-	1,147,381

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the period from July 1, 2014 to December 31, 2014 and for the year ended June 30, 2014, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Investments	
	For the period ended December 31, 2014	For the year ended June 30, 2014
Beginning balance	\$ 1,132,186	\$ 1,147,381
Total gains or losses included in change in net assets available for benefits		
Interest income on investment contract held at end of year	12,090	23,741
Unrealized appreciation (depreciation) on fair value of investment contract held at end of year	2,428	(54,064)
Purchases	240,450	135,045
Sales	(206,760)	(119,917)
Issuances	-	-
Settlements	-	-
Transfers in and/or out of Level 3	-	-
Ending balance	<u>\$ 1,180,394</u>	<u>\$ 1,132,186</u>

NOTE 3 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their account.

NOTE 4 - INVESTMENTS – UNAUDITED INFORMATION – INVESTMENTS

Voya Retirement Insurance and Annuity Company held investment assets and executed transactions therein from July 1, 2014 to December 31, 2014 and ING Life Insurance and Annuity Company held investment assets and executed transactions therein as of June 30, 2014 and 2013 and for the year ended June 30, 2014, and substantially all information pertaining to investments included in the financial statements have been certified by them. This information has not been audited by independent accountants.

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 4 - INVESTMENTS – UNAUDITED INFORMATION – INVESTMENTS (Continued)

The Plan's investments in Voya (formerly ING) Separate Account D of \$8,382,330, \$7,974,955 and \$6,071,541 as of December 31, 2014, June 30, 2014, and June 30, 2013, respectively, represented 5% or more of the Plan's net assets available for benefits. Additionally, reported in the table below are the sub-accounts of Voya (formerly ING) Separate Account D that individually represent 5% or more of the Plan's net assets available for benefits, as well as the Voya (formerly ING) Fixed Account that represented 5% or more of the Plan's net assets.

	December 31, <u>2014</u>	June 30, <u>2014</u>	June 30, <u>2013</u>
Voya (formerly ING) Fixed Account	\$ 1,180,394	\$ 1,132,186	\$ 1,147,381
American Funds New Perspective Fund – Class R-3	719,869	786,367	594,030
Voya Aggregate Bond Port I	529,104	-	-
VY (formerly ING) PIMCO Total Return Portfolio – Initial Class	-	573,902	387,231
VY (formerly ING) Invesco Equity and Income Portfolio I	655,951	668,573	495,217
American Funds The Growth Fund of America – Class R-3	1,144,807	1,057,637	811,317
American Funds Euro Pacific – Class R-3	352,102*	369,580*	339,118
Pioneer Equity Income Fund – Class Y Shares	1,100,358	1,035,021	819,076
Voya (formerly ING) Index Solution 2025 Portfolio – Advisor Class	668,285	600,104	480,314
Voya (formerly ING) Russell Large Cap Index Port I	511,345	349,608*	305,827*

* Fund represents less than 5% of net assets, but is presented for comparative purposes.

During the plan years, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/ (depreciated) in value by \$133,118 and \$1,181,929, respectively, as follows:

	December 31, <u>2014</u>	June 30, <u>2014</u>
Pooled Separate Accounts	\$ 130,690	\$ 1,235,993
Fixed Account	<u>2,428</u>	<u>(54,064)</u>
	<u>\$ 133,118</u>	<u>\$ 1,181,929</u>

During December 31 and June 30, 2014, the Plan's investments earned interest income of \$11,000 and \$22,001, respectively.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. As of December 31 and June 30, 2014 and June 30, 2013, the Plan held investments of \$9,562,764, \$9,107,141 and \$7,218,922 respectively, managed by Voya, formerly ING, which qualify as party-in-interest investments.

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31 and June 30, 2014 and June 30, 2013

NOTE 6 - TAX STATUS

Effective July 1, 2009, the Plan document was restated for recent law changes. The Plan sponsor adopted the restated version of the Non-Standardized Prototype Plan Document. The Internal Revenue Service has determined and informed the prototype plan sponsor, by a letter dated September 30, 2014 that the plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, June 30, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available per the financial statements to net assets per the Form 5500 for the year ended June 30, 2014 and a reconciliation of the net change in net assets per the financial statements to the net loss per the 2013 Form 5500:

	June 30, <u>2014</u>	June 30, <u>2013</u>
Net assets available for benefits per the financial statements	\$ 9,107,141	\$ 7,218,922
Plus: Adjustment to contract value	<u>-</u>	<u>(54,064)</u>
Net assets per Form 5500	<u>\$ 9,107,141</u>	<u>\$ 7,164,858</u>
	For the year ended <u>June 30, 2014</u>	
Net increase per the financial statements	\$ 1,888,219	
Plus: Change in contract value adjustment	<u>54,064</u>	
Net Income per the Form 5500	<u>\$ 1,942,283</u>	

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
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December 31 and June 30, 2014 and June 30, 2013

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of net assets available per the financial statements to net assets per the Form 5500 for the period from July 1, 2014 to December 31, 2014 and a reconciliation of the net change in net assets per the financial statements to the net loss per the 2014 Form 5500:

	December 31 <u>2014</u>	June 30 <u>2014</u>
Net assets available for benefits per the financial statements	\$ 9,637,676	\$ 9,107,141
Plus: Adjustment to contract value	<u>(2,428)</u>	<u>-</u>
Net assets per Form 5500	<u>\$ 9,635,248</u>	<u>\$ 9,107,141</u>
	For the period ended <u>December 31, 2014</u>	
Net increase per the financial statements	\$ 530,535	
Less: Change in contract value adjustment	<u>(2,428)</u>	
Net Income per the Form 5500	<u>\$ 528,107</u>	

NOTE 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through September 15, 2015, which is the date the financial statements were available to be issued.

Effective January 1, 2015, matching contributions were discontinued and replaced by a non-elective safe harbor contribution wherein the Company will contribute 100% of the first 4% of eligible participants' compensation deferred. Safe harbor matching contributions are 100% vested, as defined by the Plan.

Effective January 1, 2015, a non-elective employer profit sharing contribution was added wherein the Company will contribute 2% of eligible compensation to participants eligible to share in allocations. Employer profit sharing contributions will vest 0% from 0-2 years of credited service and 100% upon 3 years of credited service, as defined in the Plan.

Effective January 1, 2015, eligible employees who do not affirmatively elect to forego participation in the Plan will be automatically enrolled at a deferral rate of 4% of eligible compensation.

SUPPLEMENTAL SCHEDULES

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

Plan Sponsor:	First Federal Savings and Loan Association of Lakewood
Employer Identification Number:	34-0220715
Plan Number:	002

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		<u>Group Annuity Contract</u>		
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	\$ 1,180,394
		<u>Separate Account D Sub-accounts</u>		
*	Voya Retirement Insurance and Annuity Company	Voya Money Market Portfolio – Class I	**	238,606
*	Voya Retirement Insurance and Annuity Company	American Funds New Perspective Fund – Class R-3	**	719,869
*	Voya Retirement Insurance and Annuity Company	Voya Aggregate Bond Port I	**	529,104
*	Voya Retirement Insurance and Annuity Company	VY Invesco Equity and Income Portfolio – Initial Class	**	655,951
*	Voya Retirement Insurance and Annuity Company	CRM Mid Cap Value Fund – Investor Shares	**	263,468
*	Voya Retirement Insurance and Annuity Company	American Funds The Growth Fund of America – Class R-3	**	1,144,807
*	Voya Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund – Class R-3	**	352,102
*	Voya Retirement Insurance and Annuity Company	Massachusetts Investors Trust – Class R2	**	424,774
*	Voya Retirement Insurance and Annuity Company	VY FMR SM Diversified MidCap Portfolio – Service Class	**	163,425
*	Voya Retirement Insurance and Annuity Company	PIMCO VIT Real Return Portfolio – Administrative Class	**	158,451

* Denotes party-in-interest

** Investments are participant directed. Cost is not required to be reported.

(Continued)

FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

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(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	Voya Columbia Small Cap Value II Portfolio	**	159,564
*	Voya Retirement Insurance and Annuity Company	Pioneer Equity Income Fund – Class Y Shares	**	1,100,358
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2015 Portfolio – Advisor Class	**	97,913
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2025 Portfolio – Advisor Class	**	668,285
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2035 Portfolio – Advisor Class	**	439,092
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2045 Portfolio – Advisor Class	**	113,300
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution 2055 Portfolio – Advisor Class	**	94,227
*	Voya Retirement Insurance and Annuity Company	Voya Index Solution Income Portfolio – Advisor Class	**	23,562
*	Voya Retirement Insurance and Annuity Company	Voya Russell Large Cap Index Portfolio – Class I	**	511,345
*	Voya Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio – Class I	**	211,417
*	Voya Retirement Insurance and Annuity Company	Ridge Worth Mid Cap Value Equity Fund – Class A	**	112,999
*	Voya Retirement Insurance and Annuity Company	Eagle Small Cap Growth Fund – Class R-3	**	199,711
		Total Separate Account D		8,382,330
		Total		\$ 9,562,724

* Denotes party-in-interest

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FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2014

Plan Sponsor:	First Federal Savings and Loan Association of Lakewood
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Plan Number:	002

<u>(a)</u>	<u>(b)</u> Identity of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment Including Maturity Date, Date of Interest, Collateral, Par, or Maturity Value	<u>(d)</u> Cost	<u>(e)</u> Current Value
		<u>Group Annuity Contract</u>		
*	VOYA Retirement Insurance and Annuity Company	VOYA Fixed Account	**	\$ 1,132,186
		<u>Separate Account D Sub-accounts</u>		
*	VOYA Retirement Insurance and Annuity Company	Voya Money Market Portfolio – Class I	**	228,190
*	VOYA Retirement Insurance and Annuity Company	American Funds New Perspective Fund – Class R-3	**	786,367
*	VOYA Retirement Insurance and Annuity Company	VY PIMCO Total Return Portfolio – Initial Class	**	573,902
*	VOYA Retirement Insurance and Annuity Company	VY American Century Small-Mid Cap Value Portfolio - Initial	**	206,728
*	VOYA Retirement Insurance and Annuity Company	VY Invesco Equity and Income Portfolio – Initial Class	**	668,573
*	VOYA Retirement Insurance and Annuity Company	CRM Mid Cap Value Fund – Investor Shares	**	266,905
*	VOYA Retirement Insurance and Annuity Company	American Funds The Growth Fund of America – Class R-3	**	1,057,637
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund – Class R-3	**	369,580
*	VOYA Retirement Insurance and Annuity Company	Massachusetts Investors Trust – Class R2	**	423,767
*	VOYA Retirement Insurance and Annuity Company	VY FMR SM Diversified MidCap Portfolio – Service Class	**	152,009
*	VOYA Retirement Insurance and Annuity Company	PIMCO VIT Real Return Portfolio – Administrative Class	**	158,259

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FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
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*	VOYA Retirement Insurance and Annuity Company	Pioneer Equity Income Fund – Class Y Shares	**	1,035,021
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2015 Portfolio – Advisor Class	**	65,312
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2025 Portfolio – Advisor Class	**	600,104
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2035 Portfolio – Advisor Class	**	374,012
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2045 Portfolio – Advisor Class	**	83,117
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2055 Portfolio – Advisor Class	**	65,689
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution Income Portfolio – Advisor Class	**	19,638
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Large Cap Index Portfolio – Class I	**	349,608
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio – Class I	**	198,825
*	VOYA Retirement Insurance and Annuity Company	Ridge Worth Mid Cap Value Equity Fund – Class A	**	90,764
*	VOYA Retirement Insurance and Annuity Company	Eagle Small Cap Growth Fund – Class R-3	**	200,948
		Total Separate Account D		7,974,955
		Total		\$ 9,107,141

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*	Voya Retirement Insurance and Annuity Company	VY Invesco Equity and Income Portfolio – Initial Class	**	655,951
*	Voya Retirement Insurance and Annuity Company	CRM Mid Cap Value Fund – Investor Shares	**	263,468
*	Voya Retirement Insurance and Annuity Company	American Funds The Growth Fund of America – Class R-3	**	1,144,807
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*	Voya Retirement Insurance and Annuity Company	Massachusetts Investors Trust – Class R2	**	424,774
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*	Voya Retirement Insurance and Annuity Company	Ridge Worth Mid Cap Value Equity Fund – Class A	**	112,999
*	Voya Retirement Insurance and Annuity Company	Eagle Small Cap Growth Fund – Class R-3	**	<u>199,711</u>
		Total Separate Account D		<u>8,382,330</u>
		Total		<u>\$ 9,562,724</u>

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FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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*	VOYA Retirement Insurance and Annuity Company	VOYA Fixed Account	**	\$ 1,132,186
		<u>Separate Account D Sub-accounts</u>		
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*	VOYA Retirement Insurance and Annuity Company	VY Invesco Equity and Income Portfolio – Initial Class	**	668,573
*	VOYA Retirement Insurance and Annuity Company	CRM Mid Cap Value Fund – Investor Shares	**	266,905
*	VOYA Retirement Insurance and Annuity Company	American Funds The Growth Fund of America – Class R-3	**	1,057,637
*	VOYA Retirement Insurance and Annuity Company	American Funds EuroPacific Growth Fund – Class R-3	**	369,580
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FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF LAKEWOOD
401(k) SAVINGS PLAN
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*	VOYA Retirement Insurance and Annuity Company	Pioneer Equity Income Fund – Class Y Shares	**	1,035,021
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2015 Portfolio – Advisor Class	**	65,312
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2025 Portfolio – Advisor Class	**	600,104
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*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution 2055 Portfolio – Advisor Class	**	65,689
*	VOYA Retirement Insurance and Annuity Company	Voya Index Solution Income Portfolio – Advisor Class	**	19,638
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Large Cap Index Portfolio – Class I	**	349,608
*	VOYA Retirement Insurance and Annuity Company	Voya Russell Small Cap Index Portfolio – Class I	**	198,825
*	VOYA Retirement Insurance and Annuity Company	Ridge Worth Mid Cap Value Equity Fund – Class A	**	90,764
*	VOYA Retirement Insurance and Annuity Company	Eagle Small Cap Growth Fund – Class R-3	**	<u>200,948</u>
		Total Separate Account D		<u>7,974,955</u>
		Total		<u>\$ 9,107,141</u>

* Denotes party-in-interest

** Investments are participant directed. Cost is not required to be reported.
See Independent Auditor's Report