Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MANLEY DEAS & KOCHALSKI LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2003

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

1400 GOODALE BLVD.
SUITE 200
GRANDVIEW, OH 43212

2b Employer Identification Number (EIN)
13-4225050

2c Plan Sponsor's telephone number
614-220-5611

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	AMY VALLANCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	496
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)**	422
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	397
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	476
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	476
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	465
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2R 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
MANLEY DEAS & KOCHALSKI LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY DEAS & KOCHALSKI LLC

D Employer Identification Number (EIN)
13-4225050

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	6211	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS GROWTH OPPS INST - GOLDMAN, SAC 13-5108880	0.10%

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MA INV TRUST R3 - MFS SERVICE 04-2865649	0.50%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB GENESIS - TR CL - STATE STREET 04-0025081	0.40%

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPP DEVELOPING MKT Y - OFI GLOBAL TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RT INST - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.03%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER STRAT INC Y - PIONEER INVE 04-2890696	0.35%

Part I Service Provider Information (continued)

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

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

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

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

(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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
MANLEY DEAS & KOCHALSKI LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY DEAS & KOCHALSKI LLC

D Employer Identification Number (EIN)
13-4225050

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	131480	148777
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	60311	47719
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	86231	126504
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11323476	11892363
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11601498	12215363
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11601498	12215363

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	615926	
(B) Participants	2a(1)(B)	1049157	
(C) Others (including rollovers)	2a(1)(C)	23830	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1688913
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5140	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5152
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	942	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	798790	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		799732
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1019655	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1033901	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-14246
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-258	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-258

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-187453
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2291840
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1674681	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1674681
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	3294	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3294
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1677975
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		613865
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHN GERLACH & COMPANY LLP **(2)** EIN: 31-4419361

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
MANLEY DEAS & KOCHALSKI LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY DEAS & KOCHALSKI LLC

D Employer Identification Number (EIN)
13-4225050

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2014

Plan#: 001
Plan EIN: 13-4225050

	(a) (b)	(c)			(d)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Fair Value
	Money Market Funds:				
*	Fidelity US Govt Res	N/A	Demand	-	$ 86,818
	Mutual Funds:				
*	Fidelity Contrafund	N/A	Demand	-	$ 920,010
*	Fidelity Freedom Income	N/A	Demand	-	2,754
*	Fidelity Adv Freedom 2000	N/A	Demand	-	-
*	Fidelity Adv Freedom 2005	N/A	Demand	-	-
*	Fidelity Adv Freedom 2010	N/A	Demand	-	21,705
*	Fidelity Adv Freedom 2015	N/A	Demand	-	511,399
*	Fidelity Adv Freedom 2020	N/A	Demand	-	568,222
*	Fidelity Adv Freedom 2025	N/A	Demand	-	756,429
*	Fidelity Adv Freedom 2030	N/A	Demand	-	733,201
*	Fidelity Adv Freedom 2035	N/A	Demand	-	830,031
*	Fidelity Adv Freedom 2040	N/A	Demand	-	1,495,784
*	Fidelity Adv Freedom 2045	N/A	Demand	-	644,007
*	Fidelity Adv Freedom 2050	N/A	Demand	-	691,431
*	Fidelity Adv Freedom 2055	N/A	Demand	-	253,780
*	Fidelity Spartan 500 Index Adv	N/A	Demand	-	287,653
*	Fidelity Spartan International Index Adv	N/A	Demand	-	797,463
	MFS Massachusetts Investors Tr R3	N/A	Demand	-	490,573
	Pioneer Strategic Income Y	N/A	Demand	-	388,463
	Goldman Sachs Growth Opportunities Instl	N/A	Demand	-	492,861
	Oppenheimer Developing Markets Y	N/A	Demand	-	346,918
	RidgeWorth Mid-Cap Value Equity I	N/A	Demand	-	262,020
	OakMark International I	N/A	Demand	-	280,331
	Neuberger Berman Genesis Tr	N/A	Demand	-	117,044
	Vanguard Small Cap Index Signal	N/A	Demand	-	-
	Vanguard Mid Cap Index Signal	N/A	Demand	-	-
	PIMCO Total Return Instl	N/A	Demand	-	209,007
	Janus Overseas T	N/A	Demand	-	300,868
	Janus Triton T	N/A	Demand	-	233,811
	Vanguard Small Cap Index Adm	N/A	Demand	-	217,257
	Vanguard Mid Cap Index Adm	N/A	Demand	-	37,820
					$ 11,890,842
	Self-directed Brokerage Accounts:				
*	Fidelity Brokeragelink	N/A	Demand	-	$ 111,199
*	Participant loans	4.25-5.25%	Various	-	$ 126,504

* Denotes party-in-interest

See Independent Auditor's Report

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2013

Plan#: 001
Plan EIN: 13-4225050

	(a) (b) Description	(c) Interest Rate	(c) Date of Maturity	(c) Par or Maturity Value	(d) Fair Value
	Money Market Funds:				
*	Fidelity US Govt Res	N/A	Demand	-	$ 92,334
	Mutual Funds:				
*	Fidelity Contrafund	N/A	Demand	-	$ 786,421
*	Fidelity Freedom Income	N/A	Demand	-	444
*	Fidelity Adv Freedom 2000	N/A	Demand	-	305
*	Fidelity Adv Freedom 2005	N/A	Demand	-	74
*	Fidelity Adv Freedom 2010	N/A	Demand	-	18,486
*	Fidelity Adv Freedom 2015	N/A	Demand	-	1,147,199
*	Fidelity Adv Freedom 2020	N/A	Demand	-	524,608
*	Fidelity Adv Freedom 2025	N/A	Demand	-	713,535
*	Fidelity Adv Freedom 2030	N/A	Demand	-	640,216
*	Fidelity Adv Freedom 2035	N/A	Demand	-	752,629
*	Fidelity Adv Freedom 2040	N/A	Demand	-	1,533,554
*	Fidelity Adv Freedom 2045	N/A	Demand	-	501,968
*	Fidelity Adv Freedom 2050	N/A	Demand	-	516,625
*	Fidelity Adv Freedom 2055	N/A	Demand	-	145,181
*	Fidelity Spartan 500 Index Adv	N/A	Demand	-	283,001
*	Fidelity Spartan International Index Adv	N/A	Demand	-	646,161
	MFS Massachusetts Investors Tr R3	N/A	Demand	-	444,241
	Pioneer Strategic Income Y	N/A	Demand	-	344,495
	Goldman Sachs Growth Opportunities Instl	N/A	Demand	-	426,205
	Oppenheimer Developing Markets Y	N/A	Demand	-	342,711
	RidgeWorth Mid-Cap Value Equity I	N/A	Demand	-	213,299
	OakMark International I	N/A	Demand	-	250,863
	Neuberger Berman Genesis Tr	N/A	Demand	-	120,371
	Vanguard Small Cap Index Signal	N/A	Demand	-	186,757
	Vanguard Mid Cap Index Signal	N/A	Demand	-	17,482
	PIMCO Total Return Instl	N/A	Demand	-	219,235
	Janus Overseas T	N/A	Demand	-	369,281
	Janus Triton T	N/A	Demand	-	177,503
	Vanguard Small Cap Index Adm	N/A	Demand	-	-
	Vanguard Mid Cap Index Adm	N/A	Demand	-	-
					$ 11,322,850
	Self-directed Brokerage Accounts:				
*	Fidelity Brokeragelink	N/A	Demand	-	$ 100,083
*	Participant loans	4.25-5.25%	Various	-	$ 86,231

* Denotes party-in-interest

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

Audited Financial Statements

For the Years Ended
December 31, 2014 and 2013

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

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Statements of Changes in Net Assets Available for Benefits, for the Years Ended December 31, 2014 and 2013 4

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Independent Auditor's Report

Manley Deas & Kochalski LLC
401(k) Profit Sharing Plan & Trust

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Manley Deas & Kochalski LLC 401(k) Profit Sharing Plan & Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013, 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 United States 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 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013 and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

37 W Broad St 5th Floor ● Columbus OH 43215 ● p: 614-224-2164 ● f: 614-224-1391 ● JohnGerlach.com

Other Matter
The supplemental schedules of assets held for investment as of December 31, 2014 and 2013 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 the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. 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 the 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 or provided by the trustee/custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

September 17, 2015
Columbus, Ohio

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

ASSETS

	2014	2013
Investments at fair value:		
Money market funds	$ 86,818	$ 92,334
Mutual funds	11,890,842	11,322,850
Self-directed brokerage accounts	111,199	100,083
Total investments	12,088,859	11,515,267
Receivables:		
Notes receivable from participants	126,504	86,231
Total receivables	126,504	86,231
Net assets available for benefits	$ 12,215,363	$ 11,601,498

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	2014	2013
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF PERIOD	$ 11,601,498	$ 9,106,299
INCREASED BY:		
Investment Income:		
Net increase in fair value of investments	-	1,360,103
Dividends and interest	787,695	505,282
Total Investment Income	787,695	1,865,385
Contributions:		
Employer	615,926	608,081
Employees	1,049,157	1,073,732
Rollovers	23,830	35,947
Total Contributions	1,688,913	1,717,760
Total Increases	2,476,608	3,583,145
DECREASED BY:		
Benefits paid directly to participants	1,674,681	1,085,640
Administrative expenses	3,294	2,306
Net decrease in fair value of investments	184,768	-
Total Decreases	1,862,743	1,087,946
Net Increase	613,865	2,495,199
NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	$ 12,215,363	$ 11,601,498

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

Note 1 - DESCRIPTION OF PLAN:

The following description of the Manley Deas & Kochalski LLC 401(k) Profit Sharing Plan & Trust (the Plan) is provided for general information purposes only. 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 eligible employees of Manley Deas Kochalski LLC and affiliated companies (the Company). Full time employees are immediately eligible to make voluntary contributions if they have reached the age of 21. Intern employees are eligible to make voluntary contributions if they have reached the age of 21 and have completed a minimum of 1,000 hours in a plan year. All participants must have completed a minimum of 6 months of service before becoming eligible to receive employer safe harbor and discretionary contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to contribute up to the lesser of $49,000 or 100% of their total compensation to the Plan on a pre-tax basis through payroll deductions up to statutory limits. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Company provides a safe harbor contribution of 3% of each eligible employee’s wages. Additionally, an annual discretionary profit sharing contribution may be made on behalf of the Company to eligible employees.

Participant Accounts

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

Vesting

Participants are immediately vested in their individual contributions and safe harbor contributions plus actual earnings thereon. Vesting in the Company’s discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after 4 years of credited service.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 5.25 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Forfeitures

When certain terminations of participants in the Plan occur, the non-vested portion of the participant’s account, as defined by the Plan, represents forfeiture. Forfeitures are used to reduce future employer contributions. The amount of unallocated forfeitures at December 31, 2014 and 2013 was $50,674 and $44,836, respectively.

Note 1 - DESCRIPTION OF PLAN (continued):

Payment of Benefits

On termination of service, a participant may elect to receive the vested interest in his or her account in either a lump sum payment or in installments.

Plan Termination

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

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Valuation of Investments

Fair values of investments are based on the latest securities quotations available as provided by the custodian of the Plan.

Use of Estimates

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Notes Receivable From Participants

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

Note 3 - FEDERAL INCOME TAX STATUS:

The Plan administrator has received a favorable determination from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan, as amended, is currently being operated in compliance with applicable requirements of the Internal Revenue Code and is exempt from Federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 4 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the plan is no longer subject to income tax examinations for years prior to 2011.

Note 5 - INVESTMENTS:

Information Prepared and Certified by Trustee/Custodian

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information included in the accompanying financial statements and supplemental schedules which was obtained from data that has been prepared and certified to as complete and accurate by the Plan's trustee/custodian.

	2014	2013
Investments at fair value:		
Money market funds	$ 86,818	$ 92,334
Mutual funds	11,890,842	11,322,850
Self-directed brokerage accounts	111,199	100,083
Total investments	12,088,859	11,515,267
Notes receivable from participants	126,504	86,231
Investment Income:		
Interest and Dividends	787,695	505,282
Net Appreciation (Depreciation) in Fair Value of Investments	(184,768)	1,360,103
Total Investment Income:	$ 602,927	$ 1,865,385

Note 5 - INVESTMENTS (continued):

If available, quoted market prices are used to value investments. If quoted market prices are not available estimated fair value is used. Investments that represent 5% or more of the Plan's net assets, valued at $610,768 and $580,075 or more at December 31, 2014 and 2013, respectively, are as follows:

	2014	2013
Fidelity Adv Freedom 2015	$ N/A	$ 1,147,199
Fidelity Adv Freedom 2025	756,429	713,535
Fidelity Adv Freedom 2030	733,201	640,216
Fidelity Adv Freedom 2035	830,031	752,629
Fidelity Adv Freedom 2040	1,495,784	1,533,554
Fidelity Adv Freedom 2045	644,007	N/A
Fidelity Adv Freedom 2050	691,431	N/A
Fidelity Contrafund	920,010	786,421
Fidelity Spartan International Index Adv	797,463	646,161

During the year ended December 31, 2014 and 2013, the Plan's investments depreciated or appreciated in value as follows:

	2014	2013
Mutual Funds	$ (184,768)	$ 1,360,103

Note 6 - FAIR VALUE MEASUREMENTS:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means, and if the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Mutual funds are valued at the net asset value of shares held by the plan at year end.

Note 6 - FAIR VALUE MEASUREMENTS (continued):

Assets measured at fair value on a recurring basis were as follows:

	December 31, 2014			
Description	Total	Level 1	Level 2	Level 3
Money Market Funds	$ 86,818	$ 86,818	$ -	$ -
Mutual Funds:				
Target Date	6,505,989	6,505,989	-	-
Large Growth	1,567,797	1,567,797	-	-
Large Blend	1,858,774	1,858,774	-	-
Bond	597,469	597,469	-	-
Mid-Cap Growth	871,925	871,925	-	-
Mid-Cap Blend	37,820	37,820	-	-
Small Blend	217,257	217,257	-	-
Small Growth	233,811	233,811	-	-
Self-directed Brokerage Accts.	111,199	111,199	-	-
Total	$ 12,088,859	$ 12,088,859	$ -	$ -

	December 31, 2013			
Description	Total	Level 1	Level 2	Level 3
Money Market Funds	$ 92,334	$ 92,334	$ -	$ -
Mutual Funds:				
Target Date	6,494,379	6,494,379	-	-
Large Growth	1,498,413	1,498,413	-	-
Large Blend	1,624,710	1,624,710	-	-
Bond	563,730	563,730	-	-
Mid-Cap Growth	759,876	759,876	-	-
Mid-Cap Blend	17,482	17,482	-	-
Small Blend	186,757	186,757	-	-
Small Growth	177,503	177,503	-	-
Self-directed Brokerage Accts.	100,083	100,083	-	-
Total	$ 11,515,267	$ 11,515,267	$ -	$ -

Note 7 - RISKS AND UNCERTAINTIES:

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

Note 8 - RELATED-PARTY TRANSACTIONS:

Certain plan investments are shares of mutual funds managed by the plan trustee which qualify as party-in-interest transactions.

Note 9 - PLAN EXPENSES:

Certain expenses of the Plan are paid for by the plan sponsor, Manley Deas & Kochalaski, LLC.

Note 10 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through September 17, 2015, which is the date that the financial statements were available to be issued.

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2014

Plan#: 001
Plan EIN: 13-4225050

	(a) (b)	(c)			(d)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Fair Value
	Money Market Funds:				
*	Fidelity US Govt Res	N/A	Demand	-	$ 86,818
	Mutual Funds:				
*	Fidelity Contrafund	N/A	Demand	-	$ 920,010
*	Fidelity Freedom Income	N/A	Demand	-	2,754
*	Fidelity Adv Freedom 2000	N/A	Demand	-	-
*	Fidelity Adv Freedom 2005	N/A	Demand	-	-
*	Fidelity Adv Freedom 2010	N/A	Demand	-	21,705
*	Fidelity Adv Freedom 2015	N/A	Demand	-	511,399
*	Fidelity Adv Freedom 2020	N/A	Demand	-	568,222
*	Fidelity Adv Freedom 2025	N/A	Demand	-	756,429
*	Fidelity Adv Freedom 2030	N/A	Demand	-	733,201
*	Fidelity Adv Freedom 2035	N/A	Demand	-	830,031
*	Fidelity Adv Freedom 2040	N/A	Demand	-	1,495,784
*	Fidelity Adv Freedom 2045	N/A	Demand	-	644,007
*	Fidelity Adv Freedom 2050	N/A	Demand	-	691,431
*	Fidelity Adv Freedom 2055	N/A	Demand	-	253,780
*	Fidelity Spartan 500 Index Adv	N/A	Demand	-	287,653
*	Fidelity Spartan International Index Adv	N/A	Demand	-	797,463
	MFS Massachusetts Investors Tr R3	N/A	Demand	-	490,573
	Pioneer Strategic Income Y	N/A	Demand	-	388,463
	Goldman Sachs Growth Opportunities Instl	N/A	Demand	-	492,861
	Oppenheimer Developing Markets Y	N/A	Demand	-	346,918
	RidgeWorth Mid-Cap Value Equity I	N/A	Demand	-	262,020
	OakMark International I	N/A	Demand	-	280,331
	Neuberger Berman Genesis Tr	N/A	Demand	-	117,044
	Vanguard Small Cap Index Signal	N/A	Demand	-	-
	Vanguard Mid Cap Index Signal	N/A	Demand	-	-
	PIMCO Total Return Instl	N/A	Demand	-	209,007
	Janus Overseas T	N/A	Demand	-	300,868
	Janus Triton T	N/A	Demand	-	233,811
	Vanguard Small Cap Index Adm	N/A	Demand	-	217,257
	Vanguard Mid Cap Index Adm	N/A	Demand	-	37,820
					$ 11,890,842
	Self-directed Brokerage Accounts:				
*	Fidelity Brokeragelink	N/A	Demand	-	$ 111,199
*	Participant loans	4.25-5.25%	Various	-	$ 126,504

* Denotes party-in-interest

See Independent Auditor's Report

MANLEY DEAS & KOCHALSKI LLC
401(k) PROFIT SHARING PLAN & TRUST

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2013

Plan#: 001
Plan EIN: 13-4225050

	(a) (b) Description	(c) Interest Rate	(c) Date of Maturity	(c) Par or Maturity Value	(d) Fair Value
	Money Market Funds:				
*	Fidelity US Govt Res	N/A	Demand	-	$ 92,334
	Mutual Funds:				
*	Fidelity Contrafund	N/A	Demand	-	$ 786,421
*	Fidelity Freedom Income	N/A	Demand	-	444
*	Fidelity Adv Freedom 2000	N/A	Demand	-	305
*	Fidelity Adv Freedom 2005	N/A	Demand	-	74
*	Fidelity Adv Freedom 2010	N/A	Demand	-	18,486
*	Fidelity Adv Freedom 2015	N/A	Demand	-	1,147,199
*	Fidelity Adv Freedom 2020	N/A	Demand	-	524,608
*	Fidelity Adv Freedom 2025	N/A	Demand	-	713,535
*	Fidelity Adv Freedom 2030	N/A	Demand	-	640,216
*	Fidelity Adv Freedom 2035	N/A	Demand	-	752,629
*	Fidelity Adv Freedom 2040	N/A	Demand	-	1,533,554
*	Fidelity Adv Freedom 2045	N/A	Demand	-	501,968
*	Fidelity Adv Freedom 2050	N/A	Demand	-	516,625
*	Fidelity Adv Freedom 2055	N/A	Demand	-	145,181
*	Fidelity Spartan 500 Index Adv	N/A	Demand	-	283,001
*	Fidelity Spartan International Index Adv	N/A	Demand	-	646,161
	MFS Massachusetts Investors Tr R3	N/A	Demand	-	444,241
	Pioneer Strategic Income Y	N/A	Demand	-	344,495
	Goldman Sachs Growth Opportunities Instl	N/A	Demand	-	426,205
	Oppenheimer Developing Markets Y	N/A	Demand	-	342,711
	RidgeWorth Mid-Cap Value Equity I	N/A	Demand	-	213,299
	OakMark International I	N/A	Demand	-	250,863
	Neuberger Berman Genesis Tr	N/A	Demand	-	120,371
	Vanguard Small Cap Index Signal	N/A	Demand	-	186,757
	Vanguard Mid Cap Index Signal	N/A	Demand	-	17,482
	PIMCO Total Return Instl	N/A	Demand	-	219,235
	Janus Overseas T	N/A	Demand	-	369,281
	Janus Triton T	N/A	Demand	-	177,503
	Vanguard Small Cap Index Adm	N/A	Demand	-	-
	Vanguard Mid Cap Index Adm	N/A	Demand	-	-
					$ 11,322,850
	Self-directed Brokerage Accounts:				
*	Fidelity Brokeragelink	N/A	Demand	-	$ 100,083
*	Participant loans	4.25-5.25%	Various	-	$ 86,231

* Denotes party-in-interest