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
NATHEL & NATHEL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
NATHEL & NATHEL, INC.

357 ROWC NYC TERMINAL MARKET
BRONX, NY 10474

2b Employer Identification Number (EIN)
13-2685629

2c Plan Sponsor's telephone number
718-991-6050

2d Business code (see instructions)
445230

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.	10/13/2015	KEN COHEN
	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**	134
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)**	119
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	118
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	131
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	132
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	89
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 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)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[ ] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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

A Name of plan
NATHEL & NATHEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

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.

1 Coverage Information:

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-827750	90	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4485	0

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

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

WELLS FARGO ADVISORS INS AGENCY, LL
3201 N 4TH AVE # 3
SIOUX FALLS, SD 57104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4485			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	336476
5	Current value of plan's interest under this contract in separate accounts at year end	5	2141527

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.	6d	

Specify nature of costs ▶

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 FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	333504
c	Additions: (1) Contributions deposited during the year	7c(1)	9798		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10049		
	(4) Transferred from separate account	7c(4)	1822		
	(5) Other (specify below)	7c(5)	1519		
	▶ LOAN PYMT				
	(6)Total additions			7c(6)	23188
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	356692
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20029		
	(2) Administration charge made by carrier	7e(2)	163		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	24		
	▶ LOAN W/D				
	(5) Total deductions			7e(5)	20216
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	336476

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
NATHEL & NATHEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

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).. . . . . ☐ Yes ☒ No

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

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

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

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

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

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	1452	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	16	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	29	Yes [ ] No [X]

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
MASSMUTUAL LIFE INSURANCE CO.	15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	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.	
SEE ATTACHED 04-1590850	SEE ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	16
(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.	
SEE ATTACHED 04-1590850	SEE ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	49	29
(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.	
SEE ATTACHED 04-1590850	SEE ATTACHED	

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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(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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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
NATHEL & NATHEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

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

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)
06-0974148-000	P	2141527

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)

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)

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
NATHEL & NATHEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	89750	61587
(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)		
(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)	1830997	2141527
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	333504	336476
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2254251	2539590
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2254251	2539590

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)	0	
	(B) Participants	2a(1)(B)	227729	
	(C) Others (including rollovers)	2a(1)(C)	8018	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		235747
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	2430	
	(F) Other	2b(1)(F)	10049	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12479
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(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)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		110905
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		359131
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	72427	
(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)		72427
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1452	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1452
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		73879
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		285252
l Transfers of assets:			
(1) To this plan	2l(1)		87
(2) From this plan	2l(2)		0

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: GRASSI & CO. **(2)** EIN: 11-3266576

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		350000
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			

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
NATHEL & NATHEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

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): 06-0974148

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** 0

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS

DECEMBER 31, 2014

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Nathel & Nathel, Inc. 401(k) Plan For Union Employees

We were engaged to audit the accompanying financial statements of Nathel & Nathel, Inc. 401(k) Plan For Union Employees, which comprise the statements of net assets available for benefits at December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 3, which was certified by MassMutual Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee at December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

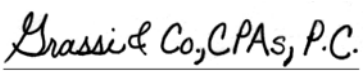
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) at December 31, 2014, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



GRASSI & CO., CPAs, P.C.

Jericho, New York
October 12, 2015

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

ASSETS

	2014	2013
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	$ 2,141,530	$ 1,830,997
Insurance company general account	336,476	333,504
Total Investments	2,478,006	2,164,501
RECEIVABLES:		
Employee contributions receivable	4,065	7,579
Notes receivable from participants	59,087	89,750
Total Receivables	63,152	97,329
TOTAL ASSETS	2,541,158	2,261,830

LIABILITIES

CORRECTIVE DISTRIBUTIONS	3,647	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,537,511	$ 2,261,830

The accompanying notes are an integral part of these financial statements.

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net depreciation in fair value of investments	$ (51,947)
Interest and dividend income	172,904
Total investment income	120,957
Interest income on notes receivable from participants	2,430
Contributions:	
Employee contributions	220,568
Rollover contributions	8,018
Total contributions	228,586
Total Additions	351,973
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	72,427
Deemed distributions	2,500
Management fees	1,365
Total Deductions	76,292
NET INCREASE	275,681
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,261,830
End of year	$ 2,537,511

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of Plan

The following description of Nathel & Nathel, Inc. 401(k) Plan For Union Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan became effective January 1, 1996 as a defined contribution profit sharing plan covering eligible employees of Nathel & Nathel, Inc. and Nathel Trucking, Inc. (known collectively as the "Employer") who are members of the International Brotherhood of Teamsters Local 202 or the Office and Professional Employees International Union Local 153 (the "Unions"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may elect salary deferrals and after-tax Roth 401(k) contributions up to the annual maximum established by the Internal Revenue Service ("IRS") during any plan year. Participants who are age 50 at the end of any calendar year may make "catch up" contributions up to the annual maximum established by the IRS during any plan year. The Plan also accepts eligible rollover contributions or transfers as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer may make contributions at the discretion of the Plan sponsor. For the year ended December 31, 2014, there were no Employer contributions into the Plan.

Eligibility

Employees of the Employer who are at least 21 years of age or older and are members of the Unions are eligible to participate at the beginning of the calendar quarter following completion of 1,000 hours of service in covered employment within one year of the employee's hire date or during the first plan year beginning after the employee's hire date.

Participant Accounts

Each participant's account is credited with the participant's contributions, and the participant's proportionate share of the Plan's earnings. Each participant's account is debited with the participant's withdrawal, the participant's proportionate share of the Plan's losses, and the Plan's service charge. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (cont'd.)

Vesting

Participants are immediately vested in their salary deduction or rollover contributions plus actual earnings or losses thereon. In addition, a participant will become 100% vested in profit sharing and matching contributions under the following conditions:

(i) Attains age 65 while employed by the Employer
(ii) Becomes disabled (eligible for Social Security disability payments)
(iii) Death

Otherwise, the vested portion of any participant's account is subject to a six-year schedule as follows:

Years of credited service	Vested percentage
Less than 2	0%
2, but less than 3	20%
3, but less than 4	40%
4, but less than 5	60%
5, but less than 6	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow up to 50% of the amount in his or her individual account not to exceed $50,000 of the nonforfeitable amount of their account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. Loans are generally due within five years of issuance, unless for the purchase of a principal residence, in which case repayment is limited to a period consistent with the terms set by the Plan sponsor. At December 31, 2014 and 2013, interest rates range from 3.25% to 5.25% per annum, with loans having various maturity dates.

Failure to make loan payments in accordance with the terms of the loan will result in a loan default. The defaulted loan balance will be taxable income to the participant. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Participants are eligible to receive benefit payments when they terminate service or reach age 65. On termination of service, a participant may elect to receive a partial withdrawal if terminated, direct rollover or a lump sum amount equal to the participant's account. Benefit payments are also permitted for death, disability and hardship.

Note 1 - Description of Plan (cont'd.)

Payment of Benefits (cont'd.)

Plan regulations mandate that the distribution of a participant`s benefit commence when the participant attains age 70 1/2, or retires, whichever occurs later. Active participants may take withdrawals from their rollover contributions at any time.

Forfeitures

Portions of nonvested accounts are forfeited at the time a participant terminates service with the Employer and begins receiving distributions of the vested portion of his/her account, or when the participant incurs five consecutive one-year breaks in service, whichever is later. Forfeited account balances are used to either reduce Employer contributions or are allocated to the remaining participants' accounts. Through December 31, 2014, there were no Employer contributions to the Plan. Accordingly, there were no forfeitures for the year ended December 31, 2014.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5 for a discussion of fair value measurements). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Notes Receivable from Participants

Notes receivable from Plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded at December 31, 2014 and 2013.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants prior to March 15, 2015.

Payments of Benefits

Benefits are recorded upon payment.

Administrative Expenses

The Plan sponsor has agreed to assist in the administration of the Plan and absorb certain administrative costs related to the Plan.

Note 3 - Information Prepared and Certified By Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Mass Mutual Retirement Services, the trustee of the Plan, at December 31, 2014 and 2013, and for the year ended December 31, 2014. This information has not been audited by the independent auditors.

	2014	2013
Investments:		
Unallocated insurance contracts, at contract value	$ 336,476	$ 333,504
Pooled separate accounts	2,141,530	1,830,997
Total	$ 2,478,006	$ 2,164,501
Notes receivable from participants	$ 59,087	$ 89,750
Net depreciation in fair value of investments from:		
Pooled separate accounts	$ (51,947)	

Note 4 - Investments

At December 31, 2014 and 2013, investments that represent 5% or more of the Plan's net assets consisted of the following:

	2014	2013
PIMCO Total Return R	$ *	$ 151,540
Alger Captl App Inst R	191,664	146,804
Amcent Equity Income R	164,487	141,594
Hartford Fixed Account	336,476	333,504
Invesco Equity and Income R	211,149	182,617
Lord Abbett Fund Equity R3	127,918	**
JPMorgan Smartretirement 2025 R	200,693	180,911
MFS Govt Securities R2	175,966	148,716
Mutual Global Discovery R	145,738	124,178
Pioneer Strategicinc R	181,642	**
Putnam Hy Advantage R	189,678	159,912
Ridgeworth Sc Val Eq A	129,721	121,439

* Fund was not greater than 5% at December 31, 2014.
** Fund was not greater than 5% at December 31, 2013.

Note 5 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Note 5 - Fair Value Measurements (cont'd.)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during 2014 and 2013.

The Level 2 inputs relate to the pooled separate accounts in nonregistered funds whose underlying assets are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Level 2 inputs also relate to the insurance company general account which are valued at liquidation value based on the actuarial formula as defined under the terms of the contract. No unobservable inputs.

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

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

	Assets at Fair Value at December 31, 2014			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 432,291	$ -	$ 432,291
Bond	-	547,286	-	547,286
Large Cap	-	557,297	-	557,297
Mid Cap	-	127,176	-	127,176
Small Cap	-	178,474	-	178,474
International / Global	-	299,006	-	299,006
Total pooled separate accounts	-	2,141,530	-	2,141,530
Insurance company general account	-	336,476	-	336,476
Total Investments	$ -	$ 2,478,006	$ -	$ 2,478,006

Note 5 - Fair Value Measurements (cont'd.)

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 376,905	$ -	$ 376,905
Bond	-	460,168	-	460,168
Large Cap	-	456,267	-	456,267
Mid Cap	-	107,240	-	107,240
Small Cap	-	156,931	-	156,931
International / Global	-	265,416	-	265,416
Specialty	-	8,070	-	8,070
Total pooled separate accounts	-	1,830,997	-	1,830,997
Insurance company general account	-	333,504	-	333,504
Total Investments	$ -	$ 2,164,501	$ -	$ 2,164,501

Note 6 - Hartford Fixed Account

The Plan entered into an investment with Hartford Life Insurance Company. Under the terms of the contract, Hartford Life Insurance Company maintains contributions in a general account. The account is credited with earnings on the underlying investments and is charged for Plan withdrawals and administrative expenses. The contract is included in the financial statements at fair value, which equals the contract value, as reported to the Plan by MassMutual Retirement Services. The contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and investment fees. The average yield earned by the Plan and credited to participants was 3.0% for the year ended December 31, 2014.

Note 7 - Income Tax Status

The Plan has received a determination letter from the IRS dated March 31, 2008, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code ("IRC"). The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax exempt at the financial statement date.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax benefit only if it is more likely than not that the tax position would be sustained upon examination by the IRS.

Note 7 - Income Tax Status (cont'd.)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that at 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. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 8 - Party-in-Interest Transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedule of investments.

Note 9 - Plan Termination

The Plan sponsor intends to continue the Plan indefinitely, but reserves the rights to amend or terminate it as provided by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be nonforfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

Note 10 - Risk and Uncertainties

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

Note 11 - Reconciliation of Financial Statements to Schedule H of the Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$ 2,537,511	$ 2,261,830
Notes classified as deemed distibution	2,500	-
Adjustment for corrective distributions	3,647	-
Adjustment for employee contributions receivable	(4,065)	(7,579)
Net assets available for benefits per the Form 5500	$ 2,539,593	$ 2,254,251

The following is a reconciliation of net change in net assets per the financial statements for the year ended December 31, 2014 to the Form 5500:

Net change in net assets per the financial statements	$ 275,681
Notes classified as deemed distribution	2,500
Prior year contributions receivable	7,579
Transfers of assets to this plan	(90)
End of year contributions receivable	(4,065)
End of year corrective distributions	3,647
Net change in net assets per the Form 5500	$ 285,252

Note 12 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after December 31, 2014 through the date of these financial statements, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULE

Schedule H - Part IV - Item 4i - Schedule of Assets (Held at End of Year)
Attachment- Form 5500
Plan EIN: 13-2685629
Plan Number: 001

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost**	(e) Current Value
	Alger	Alger Captl App Inst R	**	$ 191,664
	Amcent	Amcent Equity Income R	**	164,487
	Blackrock	Blackrock Global Allocation R	**	5,192
*	Hartford	Hartford Fixed Account	**	336,476
	Himco	Himco Vit Index IB	**	73,228
	Invesco	Invesco Equity and Income R	**	211,149
	JPMorgan	JPMorgan Smartretirement 2025 R	**	200,693
	JPMorgan	JPMorgan Smartretirement 2030 R	**	6,927
	JPMorgan	JPMorgan Smartretirement 2040 R	**	8,330
	LA Developing	LA Developing Growth R3	**	48,753
	Lord Abbett	Lord Abbett Fund Equity R3	**	127,918
	Lord Abbett	Lord Abbett Growth Opps R3	**	63,246
	MFS Govt	MFS Govt Securities R2	**	175,966
	Mutual Global	Mutual Global Discovery R	**	145,738
	Oppenheimer	Oppenheimer Dev Mkts N	**	106,238
	Pioneer	Pioneer Strategicinc R	**	181,642
	Putnam	Putnam Hy Advantage R	**	189,678
	Ridgeworth	Ridgeworth Mc Val Eq A	**	63,930
	Ridgeworth	Ridgeworth Sc Val Eq A	**	129,721
*	Hartford	The Hartford Internat'l Sm Co R	**	26,140
	Thornburg	Thornburg Intl Value R3	**	20,890
	Total Investments			2,478,006
*	Participant Loans	Interest rates range from 3.25% to 5.25%	$ -	59,087
		Total		$ 2,537,093

* Indicates party-in-interest to the Plan.

**Cost information not required for participant - directed investments.

See independent auditors' report.

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS

DECEMBER 31, 2014

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Nathel & Nathel, Inc. 401(k) Plan For Union Employees

We were engaged to audit the accompanying financial statements of Nathel & Nathel, Inc. 401(k) Plan For Union Employees, which comprise the statements of net assets available for benefits at December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 3, which was certified by MassMutual Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee at December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

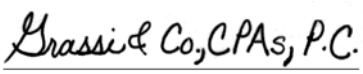
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) at December 31, 2014, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



GRASSI & CO., CPAs, P.C.

Jericho, New York
October 12, 2015

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

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	2014	2013
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	$ 2,141,530	$ 1,830,997
Insurance company general account	336,476	333,504
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TOTAL ASSETS	2,541,158	2,261,830

LIABILITIES

CORRECTIVE DISTRIBUTIONS	3,647	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,537,511	$ 2,261,830

The accompanying notes are an integral part of these financial statements.

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net depreciation in fair value of investments	$ (51,947)
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Total investment income	120,957
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NET INCREASE	275,681
NET ASSETS AVAILABLE FOR BENEFITS:	
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End of year	$ 2,537,511

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The Plan became effective January 1, 1996 as a defined contribution profit sharing plan covering eligible employees of Nathel & Nathel, Inc. and Nathel Trucking, Inc. (known collectively as the "Employer") who are members of the International Brotherhood of Teamsters Local 202 or the Office and Professional Employees International Union Local 153 (the "Unions"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may elect salary deferrals and after-tax Roth 401(k) contributions up to the annual maximum established by the Internal Revenue Service ("IRS") during any plan year. Participants who are age 50 at the end of any calendar year may make "catch up" contributions up to the annual maximum established by the IRS during any plan year. The Plan also accepts eligible rollover contributions or transfers as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer may make contributions at the discretion of the Plan sponsor. For the year ended December 31, 2014, there were no Employer contributions into the Plan.

Eligibility

Employees of the Employer who are at least 21 years of age or older and are members of the Unions are eligible to participate at the beginning of the calendar quarter following completion of 1,000 hours of service in covered employment within one year of the employee's hire date or during the first plan year beginning after the employee's hire date.

Participant Accounts

Each participant's account is credited with the participant's contributions, and the participant's proportionate share of the Plan's earnings. Each participant's account is debited with the participant's withdrawal, the participant's proportionate share of the Plan's losses, and the Plan's service charge. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (cont'd.)

Vesting

Participants are immediately vested in their salary deduction or rollover contributions plus actual earnings or losses thereon. In addition, a participant will become 100% vested in profit sharing and matching contributions under the following conditions:

(i) Attains age 65 while employed by the Employer
(ii) Becomes disabled (eligible for Social Security disability payments)
(iii) Death

Otherwise, the vested portion of any participant's account is subject to a six-year schedule as follows:

Years of credited service	Vested percentage
Less than 2	0%
2, but less than 3	20%
3, but less than 4	40%
4, but less than 5	60%
5, but less than 6	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow up to 50% of the amount in his or her individual account not to exceed $50,000 of the nonforfeitable amount of their account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. Loans are generally due within five years of issuance, unless for the purchase of a principal residence, in which case repayment is limited to a period consistent with the terms set by the Plan sponsor. At December 31, 2014 and 2013, interest rates range from 3.25% to 5.25% per annum, with loans having various maturity dates.

Failure to make loan payments in accordance with the terms of the loan will result in a loan default. The defaulted loan balance will be taxable income to the participant. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Participants are eligible to receive benefit payments when they terminate service or reach age 65. On termination of service, a participant may elect to receive a partial withdrawal if terminated, direct rollover or a lump sum amount equal to the participant's account. Benefit payments are also permitted for death, disability and hardship.

Note 1 - Description of Plan (cont'd.)

Payment of Benefits (cont'd.)

Plan regulations mandate that the distribution of a participant`s benefit commence when the participant attains age 70 1/2, or retires, whichever occurs later. Active participants may take withdrawals from their rollover contributions at any time.

Forfeitures

Portions of nonvested accounts are forfeited at the time a participant terminates service with the Employer and begins receiving distributions of the vested portion of his/her account, or when the participant incurs five consecutive one-year breaks in service, whichever is later. Forfeited account balances are used to either reduce Employer contributions or are allocated to the remaining participants' accounts. Through December 31, 2014, there were no Employer contributions to the Plan. Accordingly, there were no forfeitures for the year ended December 31, 2014.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5 for a discussion of fair value measurements). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Notes Receivable from Participants

Notes receivable from Plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded at December 31, 2014 and 2013.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants prior to March 15, 2015.

Payments of Benefits

Benefits are recorded upon payment.

Administrative Expenses

The Plan sponsor has agreed to assist in the administration of the Plan and absorb certain administrative costs related to the Plan.

Note 3 - Information Prepared and Certified By Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Mass Mutual Retirement Services, the trustee of the Plan, at December 31, 2014 and 2013, and for the year ended December 31, 2014. This information has not been audited by the independent auditors.

	2014	2013
Investments:		
Unallocated insurance contracts, at contract value	$ 336,476	$ 333,504
Pooled separate accounts	2,141,530	1,830,997
Total	$ 2,478,006	$ 2,164,501
Notes receivable from participants	$ 59,087	$ 89,750
Net depreciation in fair value of investments from:		
Pooled separate accounts	$ (51,947)	

Note 4 - Investments

At December 31, 2014 and 2013, investments that represent 5% or more of the Plan's net assets consisted of the following:

	2014	2013
PIMCO Total Return R	$ *	$ 151,540
Alger Captl App Inst R	191,664	146,804
Amcent Equity Income R	164,487	141,594
Hartford Fixed Account	336,476	333,504
Invesco Equity and Income R	211,149	182,617
Lord Abbett Fund Equity R3	127,918	**
JPMorgan Smartretirement 2025 R	200,693	180,911
MFS Govt Securities R2	175,966	148,716
Mutual Global Discovery R	145,738	124,178
Pioneer Strategicinc R	181,642	**
Putnam Hy Advantage R	189,678	159,912
Ridgeworth Sc Val Eq A	129,721	121,439

* Fund was not greater than 5% at December 31, 2014.
** Fund was not greater than 5% at December 31, 2013.

Note 5 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Note 5 - Fair Value Measurements (cont'd.)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during 2014 and 2013.

The Level 2 inputs relate to the pooled separate accounts in nonregistered funds whose underlying assets are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Level 2 inputs also relate to the insurance company general account which are valued at liquidation value based on the actuarial formula as defined under the terms of the contract. No unobservable inputs.

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

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

	Assets at Fair Value at December 31, 2014			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 432,291	$ -	$ 432,291
Bond	-	547,286	-	547,286
Large Cap	-	557,297	-	557,297
Mid Cap	-	127,176	-	127,176
Small Cap	-	178,474	-	178,474
International / Global	-	299,006	-	299,006
Total pooled separate accounts	-	2,141,530	-	2,141,530
Insurance company general account	-	336,476	-	336,476
Total Investments	$ -	$ 2,478,006	$ -	$ 2,478,006

Note 5 - Fair Value Measurements (cont'd.)

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 376,905	$ -	$ 376,905
Bond	-	460,168	-	460,168
Large Cap	-	456,267	-	456,267
Mid Cap	-	107,240	-	107,240
Small Cap	-	156,931	-	156,931
International / Global	-	265,416	-	265,416
Specialty	-	8,070	-	8,070
Total pooled separate accounts	-	1,830,997	-	1,830,997
Insurance company general account	-	333,504	-	333,504
Total Investments	$ -	$ 2,164,501	$ -	$ 2,164,501

Note 6 - Hartford Fixed Account

The Plan entered into an investment with Hartford Life Insurance Company. Under the terms of the contract, Hartford Life Insurance Company maintains contributions in a general account. The account is credited with earnings on the underlying investments and is charged for Plan withdrawals and administrative expenses. The contract is included in the financial statements at fair value, which equals the contract value, as reported to the Plan by MassMutual Retirement Services. The contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and investment fees. The average yield earned by the Plan and credited to participants was 3.0% for the year ended December 31, 2014.

Note 7 - Income Tax Status

The Plan has received a determination letter from the IRS dated March 31, 2008, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code ("IRC"). The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax exempt at the financial statement date.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax benefit only if it is more likely than not that the tax position would be sustained upon examination by the IRS.

Note 7 - Income Tax Status (cont'd.)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that at 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. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 8 - Party-in-Interest Transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedule of investments.

Note 9 - Plan Termination

The Plan sponsor intends to continue the Plan indefinitely, but reserves the rights to amend or terminate it as provided by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be nonforfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

Note 10 - Risk and Uncertainties

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

Note 11 - Reconciliation of Financial Statements to Schedule H of the Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$ 2,537,511	$ 2,261,830
Notes classified as deemed distibution	2,500	-
Adjustment for corrective distributions	3,647	-
Adjustment for employee contributions receivable	(4,065)	(7,579)
Net assets available for benefits per the Form 5500	$ 2,539,593	$ 2,254,251

The following is a reconciliation of net change in net assets per the financial statements for the year ended December 31, 2014 to the Form 5500:

Net change in net assets per the financial statements	$ 275,681
Notes classified as deemed distribution	2,500
Prior year contributions receivable	7,579
Transfers of assets to this plan	(90)
End of year contributions receivable	(4,065)
End of year corrective distributions	3,647
Net change in net assets per the Form 5500	$ 285,252

Note 12 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after December 31, 2014 through the date of these financial statements, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULE

Schedule H - Part IV - Item 4i - Schedule of Assets (Held at End of Year)
Attachment- Form 5500
Plan EIN: 13-2685629
Plan Number: 001

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost**	(e) Current Value
	Alger	Alger Captl App Inst R	**	$ 191,664
	Amcent	Amcent Equity Income R	**	164,487
	Blackrock	Blackrock Global Allocation R	**	5,192
*	Hartford	Hartford Fixed Account	**	336,476
	Himco	Himco Vit Index IB	**	73,228
	Invesco	Invesco Equity and Income R	**	211,149
	JPMorgan	JPMorgan Smartretirement 2025 R	**	200,693
	JPMorgan	JPMorgan Smartretirement 2030 R	**	6,927
	JPMorgan	JPMorgan Smartretirement 2040 R	**	8,330
	LA Developing	LA Developing Growth R3	**	48,753
	Lord Abbett	Lord Abbett Fund Equity R3	**	127,918
	Lord Abbett	Lord Abbett Growth Opps R3	**	63,246
	MFS Govt	MFS Govt Securities R2	**	175,966
	Mutual Global	Mutual Global Discovery R	**	145,738
	Oppenheimer	Oppenheimer Dev Mkts N	**	106,238
	Pioneer	Pioneer Strategicinc R	**	181,642
	Putnam	Putnam Hy Advantage R	**	189,678
	Ridgeworth	Ridgeworth Mc Val Eq A	**	63,930
	Ridgeworth	Ridgeworth Sc Val Eq A	**	129,721
*	Hartford	The Hartford Internat'l Sm Co R	**	26,140
	Thornburg	Thornburg Intl Value R3	**	20,890
	Total Investments			2,478,006
*	Participant Loans	Interest rates range from 3.25% to 5.25%	$ -	59,087
		Total		$ 2,537,093

* Indicates party-in-interest to the Plan.

**Cost information not required for participant - directed investments.

See independent auditors' report.

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS

DECEMBER 31, 2014

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees
Nathel & Nathel, Inc. 401(k) Plan For Union Employees

We were engaged to audit the accompanying financial statements of Nathel & Nathel, Inc. 401(k) Plan For Union Employees, which comprise the statements of net assets available for benefits at December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 3, which was certified by MassMutual Retirement Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee at December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

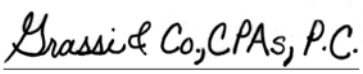
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) at December 31, 2014, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



GRASSI & CO., CPAs, P.C.

Jericho, New York
October 12, 2015

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

ASSETS

	2014	2013
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts	$ 2,141,530	$ 1,830,997
Insurance company general account	336,476	333,504
Total Investments	2,478,006	2,164,501
RECEIVABLES:		
Employee contributions receivable	4,065	7,579
Notes receivable from participants	59,087	89,750
Total Receivables	63,152	97,329
TOTAL ASSETS	2,541,158	2,261,830

LIABILITIES

CORRECTIVE DISTRIBUTIONS	3,647	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,537,511	$ 2,261,830

The accompanying notes are an integral part of these financial statements.

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net depreciation in fair value of investments	$ (51,947)
Interest and dividend income	172,904
Total investment income	120,957
Interest income on notes receivable from participants	2,430
Contributions:	
Employee contributions	220,568
Rollover contributions	8,018
Total contributions	228,586
Total Additions	351,973
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	72,427
Deemed distributions	2,500
Management fees	1,365
Total Deductions	76,292
NET INCREASE	275,681
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,261,830
End of year	$ 2,537,511

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of Plan

The following description of Nathel & Nathel, Inc. 401(k) Plan For Union Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan became effective January 1, 1996 as a defined contribution profit sharing plan covering eligible employees of Nathel & Nathel, Inc. and Nathel Trucking, Inc. (known collectively as the "Employer") who are members of the International Brotherhood of Teamsters Local 202 or the Office and Professional Employees International Union Local 153 (the "Unions"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may elect salary deferrals and after-tax Roth 401(k) contributions up to the annual maximum established by the Internal Revenue Service ("IRS") during any plan year. Participants who are age 50 at the end of any calendar year may make "catch up" contributions up to the annual maximum established by the IRS during any plan year. The Plan also accepts eligible rollover contributions or transfers as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer may make contributions at the discretion of the Plan sponsor. For the year ended December 31, 2014, there were no Employer contributions into the Plan.

Eligibility

Employees of the Employer who are at least 21 years of age or older and are members of the Unions are eligible to participate at the beginning of the calendar quarter following completion of 1,000 hours of service in covered employment within one year of the employee's hire date or during the first plan year beginning after the employee's hire date.

Participant Accounts

Each participant's account is credited with the participant's contributions, and the participant's proportionate share of the Plan's earnings. Each participant's account is debited with the participant's withdrawal, the participant's proportionate share of the Plan's losses, and the Plan's service charge. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (cont'd.)

Vesting

Participants are immediately vested in their salary deduction or rollover contributions plus actual earnings or losses thereon. In addition, a participant will become 100% vested in profit sharing and matching contributions under the following conditions:

(i) Attains age 65 while employed by the Employer
(ii) Becomes disabled (eligible for Social Security disability payments)
(iii) Death

Otherwise, the vested portion of any participant's account is subject to a six-year schedule as follows:

Years of credited service	Vested percentage
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Participants may borrow up to 50% of the amount in his or her individual account not to exceed $50,000 of the nonforfeitable amount of their account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. Loans are generally due within five years of issuance, unless for the purchase of a principal residence, in which case repayment is limited to a period consistent with the terms set by the Plan sponsor. At December 31, 2014 and 2013, interest rates range from 3.25% to 5.25% per annum, with loans having various maturity dates.

Failure to make loan payments in accordance with the terms of the loan will result in a loan default. The defaulted loan balance will be taxable income to the participant. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Participants are eligible to receive benefit payments when they terminate service or reach age 65. On termination of service, a participant may elect to receive a partial withdrawal if terminated, direct rollover or a lump sum amount equal to the participant's account. Benefit payments are also permitted for death, disability and hardship.

Note 1 - Description of Plan (cont'd.)

Payment of Benefits (cont'd.)

Plan regulations mandate that the distribution of a participant`s benefit commence when the participant attains age 70 1/2, or retires, whichever occurs later. Active participants may take withdrawals from their rollover contributions at any time.

Forfeitures

Portions of nonvested accounts are forfeited at the time a participant terminates service with the Employer and begins receiving distributions of the vested portion of his/her account, or when the participant incurs five consecutive one-year breaks in service, whichever is later. Forfeited account balances are used to either reduce Employer contributions or are allocated to the remaining participants' accounts. Through December 31, 2014, there were no Employer contributions to the Plan. Accordingly, there were no forfeitures for the year ended December 31, 2014.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 5 for a discussion of fair value measurements). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Notes Receivable from Participants

Notes receivable from Plan participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded at December 31, 2014 and 2013.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants prior to March 15, 2015.

Payments of Benefits

Benefits are recorded upon payment.

Administrative Expenses

The Plan sponsor has agreed to assist in the administration of the Plan and absorb certain administrative costs related to the Plan.

Note 3 - Information Prepared and Certified By Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Mass Mutual Retirement Services, the trustee of the Plan, at December 31, 2014 and 2013, and for the year ended December 31, 2014. This information has not been audited by the independent auditors.

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Total	$ 2,478,006	$ 2,164,501
Notes receivable from participants	$ 59,087	$ 89,750
Net depreciation in fair value of investments from:		
Pooled separate accounts	$ (51,947)	

Note 4 - Investments

At December 31, 2014 and 2013, investments that represent 5% or more of the Plan's net assets consisted of the following:

	2014	2013
PIMCO Total Return R	$ *	$ 151,540
Alger Captl App Inst R	191,664	146,804
Amcent Equity Income R	164,487	141,594
Hartford Fixed Account	336,476	333,504
Invesco Equity and Income R	211,149	182,617
Lord Abbett Fund Equity R3	127,918	**
JPMorgan Smartretirement 2025 R	200,693	180,911
MFS Govt Securities R2	175,966	148,716
Mutual Global Discovery R	145,738	124,178
Pioneer Strategicinc R	181,642	**
Putnam Hy Advantage R	189,678	159,912
Ridgeworth Sc Val Eq A	129,721	121,439

* Fund was not greater than 5% at December 31, 2014.
** Fund was not greater than 5% at December 31, 2013.

Note 5 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Note 5 - Fair Value Measurements (cont'd.)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during 2014 and 2013.

The Level 2 inputs relate to the pooled separate accounts in nonregistered funds whose underlying assets are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Level 2 inputs also relate to the insurance company general account which are valued at liquidation value based on the actuarial formula as defined under the terms of the contract. No unobservable inputs.

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

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

	Assets at Fair Value at December 31, 2014			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 432,291	$ -	$ 432,291
Bond	-	547,286	-	547,286
Large Cap	-	557,297	-	557,297
Mid Cap	-	127,176	-	127,176
Small Cap	-	178,474	-	178,474
International / Global	-	299,006	-	299,006
Total pooled separate accounts	-	2,141,530	-	2,141,530
Insurance company general account	-	336,476	-	336,476
Total Investments	$ -	$ 2,478,006	$ -	$ 2,478,006

Note 5 - Fair Value Measurements (cont'd.)

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Investments, at estimated fair value				
Pooled separate accounts:				
Asset Allocation	$ -	$ 376,905	$ -	$ 376,905
Bond	-	460,168	-	460,168
Large Cap	-	456,267	-	456,267
Mid Cap	-	107,240	-	107,240
Small Cap	-	156,931	-	156,931
International / Global	-	265,416	-	265,416
Specialty	-	8,070	-	8,070
Total pooled separate accounts	-	1,830,997	-	1,830,997
Insurance company general account	-	333,504	-	333,504
Total Investments	$ -	$ 2,164,501	$ -	$ 2,164,501

Note 6 - Hartford Fixed Account

The Plan entered into an investment with Hartford Life Insurance Company. Under the terms of the contract, Hartford Life Insurance Company maintains contributions in a general account. The account is credited with earnings on the underlying investments and is charged for Plan withdrawals and administrative expenses. The contract is included in the financial statements at fair value, which equals the contract value, as reported to the Plan by MassMutual Retirement Services. The contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and investment fees. The average yield earned by the Plan and credited to participants was 3.0% for the year ended December 31, 2014.

Note 7 - Income Tax Status

The Plan has received a determination letter from the IRS dated March 31, 2008, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code ("IRC"). The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax exempt at the financial statement date.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax benefit only if it is more likely than not that the tax position would be sustained upon examination by the IRS.

Note 7 - Income Tax Status (cont'd.)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that at 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. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 8 - Party-in-Interest Transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedule of investments.

Note 9 - Plan Termination

The Plan sponsor intends to continue the Plan indefinitely, but reserves the rights to amend or terminate it as provided by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be nonforfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

Note 10 - Risk and Uncertainties

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

Note 11 - Reconciliation of Financial Statements to Schedule H of the Form 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$ 2,537,511	$ 2,261,830
Notes classified as deemed distibution	2,500	-
Adjustment for corrective distributions	3,647	-
Adjustment for employee contributions receivable	(4,065)	(7,579)
Net assets available for benefits per the Form 5500	$ 2,539,593	$ 2,254,251

The following is a reconciliation of net change in net assets per the financial statements for the year ended December 31, 2014 to the Form 5500:

Net change in net assets per the financial statements	$ 275,681
Notes classified as deemed distribution	2,500
Prior year contributions receivable	7,579
Transfers of assets to this plan	(90)
End of year contributions receivable	(4,065)
End of year corrective distributions	3,647
Net change in net assets per the Form 5500	$ 285,252

Note 12 - Subsequent Events

The Plan administrator has evaluated all events or transactions that occurred after December 31, 2014 through the date of these financial statements, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULE

Schedule H - Part IV - Item 4i - Schedule of Assets (Held at End of Year)
Attachment- Form 5500
Plan EIN: 13-2685629
Plan Number: 001

NATHEL & NATHEL, INC. 401(k) PLAN FOR UNION EMPLOYEES
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost**	(e) Current Value
	Alger	Alger Captl App Inst R	**	$ 191,664
	Amcent	Amcent Equity Income R	**	164,487
	Blackrock	Blackrock Global Allocation R	**	5,192
*	Hartford	Hartford Fixed Account	**	336,476
	Himco	Himco Vit Index IB	**	73,228
	Invesco	Invesco Equity and Income R	**	211,149
	JPMorgan	JPMorgan Smartretirement 2025 R	**	200,693
	JPMorgan	JPMorgan Smartretirement 2030 R	**	6,927
	JPMorgan	JPMorgan Smartretirement 2040 R	**	8,330
	LA Developing	LA Developing Growth R3	**	48,753
	Lord Abbett	Lord Abbett Fund Equity R3	**	127,918
	Lord Abbett	Lord Abbett Growth Opps R3	**	63,246
	MFS Govt	MFS Govt Securities R2	**	175,966
	Mutual Global	Mutual Global Discovery R	**	145,738
	Oppenheimer	Oppenheimer Dev Mkts N	**	106,238
	Pioneer	Pioneer Strategicinc R	**	181,642
	Putnam	Putnam Hy Advantage R	**	189,678
	Ridgeworth	Ridgeworth Mc Val Eq A	**	63,930
	Ridgeworth	Ridgeworth Sc Val Eq A	**	129,721
*	Hartford	The Hartford Internat'l Sm Co R	**	26,140
	Thornburg	Thornburg Intl Value R3	**	20,890
	Total Investments			2,478,006
*	Participant Loans	Interest rates range from 3.25% to 5.25%	$ -	59,087
		Total		$ 2,537,093

* Indicates party-in-interest to the Plan.

**Cost information not required for participant - directed investments.

See independent auditors' report.