

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/16/1985</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/16/1985	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 10/16/1985					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LIBBY PERSZYK KATHMAN HOLDINGS, INC 19 GARFIELD PLACE CINCINNATI, OH 45202-4310	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-1076158</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 513-241-6401</td> </tr> <tr> <td>2d Business code (see instructions) 541800</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1076158	2c Plan Sponsor's telephone number 513-241-6401	2d Business code (see instructions) 541800	
2b Employer Identification Number (EIN) 31-1076158					
2c Plan Sponsor's telephone number 513-241-6401					
2d Business code (see instructions) 541800					

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.	10/14/2015	DENNIS L. GEIGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	DENNIS L. GEIGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 299
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) 299
a(2) Total number of active participants at the end of the plan year	6a(2) 264
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 46
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 310
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 266
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBBY PERSZYK KATHMAN HOLDINGS, INC	D Employer Identification Number (EIN) 31-1076158	

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
--

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

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

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

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

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

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

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

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

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

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

(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)

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 63 99	N/A	132852	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC</u>		D Employer Identification Number (EIN) <u>31-1076158</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	29809	29758
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	62496	7601
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	53726	47457
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1132766	1002577
(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)	4197387	4719518
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	13179249	13928572
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	3068806	3635548
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21724239	23371031

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21724239	23371031
---	-----------	----------	----------

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)	294354	
(B) Participants	2a(1)(B)	1137338	
(C) Others (including rollovers)	2a(1)(C)	113128	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1544820
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	700	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	178807	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		179507
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	308290	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104163	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		412453
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5509920	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5485000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		24920
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1261788	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1261788

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-66255
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3357233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1574939	
(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)		1574939
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2650	
(3) Investment advisory and management fees.....	2i(3)	132852	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		135502
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1710441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1646792
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CASSADY SCHILLER & ASSOCIATES

(2) EIN: 31-1311065

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBBY PERSZYK KATHMAN HOLDINGS, INC		D Employer Identification Number (EIN) 31-1076158

Part I

Distributions

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

1

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

1

0

2

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

EIN(s): 31-1433492

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

3

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

3

Part II

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

4

Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....

☐ Yes

☐ No

☐ N/A

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

5

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

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

6

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

6a

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

6b

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

6c

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

7

Will the minimum funding amount reported on line 6c be met by the funding deadline?.....

☐ Yes

☐ No

☐ N/A

8

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....

☐ Yes

☐ No

☐ N/A

Part III

Amendments

9

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

☐ Increase

☐ Decrease

☐ Both

☐ No

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

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

Schedule R (Form 5500) 2014 v. 140124

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): _____

Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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



Opinion

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

Report on Supplemental Information

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

Cassidy Schiller & Associates, Inc.

Cincinnati, Ohio
September 1, 2015

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN**

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

Independent Auditor's Report

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

TABLE OF CONTENTS

Independent Auditor's Report.....	1-2
Audited Financial Statements:	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5-11
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)	13-16

Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

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

Report on Supplemental Information

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

Cassady Schiller & Associates, Inc.

Cincinnati, Ohio
September 1, 2015

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Cash	\$ 29,758	\$ 29,809
Investments, at fair value:		
Money market investments	1,002,577	1,132,766
Common stocks	13,928,572	13,179,249
Corporate bonds	4,719,519	4,197,387
Exchange traded funds	1,485,301	1,573,377
Mutual funds	<u>2,150,246</u>	<u>1,495,429</u>
Total investments	23,286,215	21,578,208
Investment income receivable	47,457	53,726
Contributions receivable - employer	<u>7,601</u>	<u>62,496</u>
Net assets available for benefits	<u>\$ 23,371,031</u>	<u>\$ 21,724,239</u>

**LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014**

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 1,220,453

Interest 179,507

Dividends 412,453

Net investment income 1,812,413

Contributions:

Employer 294,354

Employee 1,137,338

Rollover 113,128

Total contributions 1,544,820

Total additions 3,357,233

Deductions:

Benefits paid to participants 1,574,939

Investment fees 135,502

Total deductions 1,710,441

Net increase in net assets 1,646,792

Net assets available for benefits, beginning of year 21,724,239

Net assets available for benefits, end of year \$ 23,371,031

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

1. Plan description

The following description of the Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Libby Perszyk Kathman Holdings, Inc. (the Company). Employees are eligible to participate in the Plan immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year participants may contribute a percentage of annual compensation to the Plan, as defined in the Plan document. Participants may also roll over amounts representing distributions from other qualified defined contribution plans. Contributions are made into non-participant directed accounts. The Plan administrator is responsible for keeping accurate records of all contributions, distributions and investment income attributable to the individual participant account. Beginning January 1, 2014, the Company contributes 43% of the first 5% of base compensation that a participant defers to the Plan, subject to IRS limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contribution and (b) plan earnings, and charged with (a) an allocation of administrative fees and expenses paid out of the Plan, and (b) decreases in investment value. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and earnings thereon. Participants become 100% vested in the Company's contributions after completing three years of service.

Expenses of the Plan

The Plan pays certain administrative expenses. The Company provides other administrative services at no cost to the Plan, which are excluded from these financial statements. Investment income is stated net of investment fees.

Forfeited accounts

Participant forfeitures of Company matching contributions are first used to offset the Company matching contribution. The remaining balance may be applied to expenses of the Plan. There were no forfeited non-vested accounts at December 31, 2014 and 2013. During 2014, forfeited non-vested accounts of \$4,607 were used to pay Company matching contributions.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such manner as the Company may determine.

Payment of benefits

On termination of service due to death, disability or retirement, or any other reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Net assets of withdrawing participants

No participants had elected to withdraw from the Plan prior to December 31, 2014 that had not received distributions before year end.

2. Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. 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 discussion of fair value measurements.

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

Benefits

Benefits are recorded when paid.

3. Transactions with related parties

The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. However, certain administrative expenses of the Plan are paid by the Company. Expenses relating to specific participant transactions (i.e. distribution request) are charged directly against the appropriate participant's account.

Certain plan investments include shares of UBS Liquid Asset Fund. UBS Financial Services, Inc. is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

4. Tax status

On March 31, 2008, the Internal Revenue Service reviewed the Plan under a volume submitter program, and stated it was acceptable under Section 401(a) of the Internal Revenue Code (IRC). Although the Plan has been amended and restated since that date, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

5. Fair value measurements

The Plan accounts for financial instruments where the measurement objective specifically requires the use of "fair value" related to financial assets.

Fair value is an exit price, representing the amount that would be received in the sale of an asset in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based upon assumptions that market participants would use in pricing an asset. As a basis for considering such assumptions, a three-tier fair value hierarchy exists, which prioritizes the inputs used in measuring fair value as follows:

- | | |
|----------|--|
| Level 1: | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2: | Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3: | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset 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 methodologies used at December 31, 2014 and 2013.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds, exchange traded funds and money market investments: Valued at the net asset value (NAV) of shares held by the Plan at year end, a quoted price in an active market.

Corporate bonds and U.S. government securities: Valued at pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in 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 as of December 31, 2014 and 2013:

	Investments at fair value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,002,577	\$ -	\$ -	\$ 1,002,577
Common stocks:				
Consumer discretionary	1,390,118	-	-	1,390,118
Consumer staples	1,229,921	-	-	1,229,921
Energy	1,245,052	-	-	1,245,052
Financials	2,395,038	-	-	2,395,038
Healthcare	2,224,996	-	-	2,224,996
Industrials	1,963,931	-	-	1,963,931
Information technology	2,671,467	-	-	2,671,467
Materials	414,150	-	-	414,150
Telecommunication services	393,899	-	-	393,899
Total common stocks	13,928,572	-	-	13,928,572

	Level 1	Level 2	Level 3	Total
Corporate bonds:				
AA+ credit rating	-	35,665	-	35,665
A+ credit rating	-	101,557	-	101,557
A credit rating	-	756,715	-	756,715
A- credit rating	-	2,563,207	-	2,563,207
BBB+ credit rating	-	559,636	-	559,636
BBB credit rating	-	702,739	-	702,739
Not rated	-	-	-	-
Total corporate bonds	-	4,719,519	-	4,719,519
Exchange traded funds:				
Ultrashort bond	249,600	-	-	249,600
Short government bond	253,350	-	-	253,350
Inflation-protected bond	235,221	-	-	235,221
Short-term bond	747,130	-	-	747,130
Total exchange traded funds	1,485,301	-	-	1,485,301
Mutual funds:				
Diversified emerging markets fund	301,705	-	-	301,705
World stock fund	86,587	-	-	86,587
Foreign large blend fund	187,197	-	-	187,197
Foreign large growth fund	158,209	-	-	158,209
Multialternative	198,708	-	-	198,708
Bank loan fund	257,788	-	-	257,788
Short-term bond fund	256,598	-	-	256,598
Intermediate-term bond	453,836	-	-	453,836
Intermediate government fund	249,618	-	-	249,618
Total mutual funds	2,150,246	-	-	2,150,246
Total	\$ 18,566,696	\$ 4,719,519	\$ -	\$ 23,286,215

Investments at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,132,766	\$ -	\$ -	\$ 1,132,766
Common stocks:				
Consumer discretionary	1,451,820	-	-	1,451,820
Consumer staples	1,360,402	-	-	1,360,402
Energy	1,354,882	-	-	1,354,882
Financials	2,264,740	-	-	2,264,740
Healthcare	1,870,677	-	-	1,870,677
Industrials	1,809,892	-	-	1,809,892
Information technology	2,187,936	-	-	2,187,936
Materials	465,800	-	-	465,800
Telecommunication services	413,100	-	-	413,100
Total common stocks	13,179,249	-	-	13,179,249
Corporate bonds:				
AA+ credit rating	-	154,488	-	154,488
A+ credit rating	-	-	-	-
A credit rating	-	1,331,725	-	1,331,725
A- credit rating	-	1,787,900	-	1,787,900
BBB+ credit rating	-	601,909	-	601,909
BBB credit rating	-	308,693	-	308,693
Not rated	-	12,672	-	12,672
Total corporate bonds	-	4,197,387	-	4,197,387

	Level 1	Level 2	Level 3	Total
Exchange traded funds:				
Ultrashort bond	100,340	-	-	100,340
Short government bond	253,140	-	-	253,140
Inflation-protected bond	230,790	-	-	230,790
Short-term bond	748,205	-	-	748,205
Intermediate-term bond	240,902	-	-	240,902
Total exchange traded funds	<u>1,573,377</u>	<u>-</u>	<u>-</u>	<u>1,573,377</u>
Mutual funds:				
Diversified emerging markets fund	212,992	-	-	212,992
World stock fund	177,907	-	-	177,907
Foreign large blend fund	187,053	-	-	187,053
Foreign large growth fund	167,513	-	-	167,513
Bank loan fund	257,651	-	-	257,651
Short-term bond fund	252,777	-	-	252,777
Intermediate government fund	239,536	-	-	239,536
Total mutual funds	<u>1,495,429</u>	<u>-</u>	<u>-</u>	<u>1,495,429</u>
Total	<u>\$ 17,380,821</u>	<u>\$ 4,197,387</u>	<u>\$ -</u>	<u>\$ 21,578,208</u>

6. Investments

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

There were no investments at December 31, 2014 and 2013 that represented 5% or more of the Plan's net assets.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Common stocks	\$ 1,402,837
Corporate bonds	(98,826)
Exchange traded funds	7,836
Mutual funds	<u>(91,394)</u>
	<u>\$ 1,220,453</u>

7. Reportable transactions

No reportable transactions were noted in 2014 and 2013.

8. Fidelity bonding requirements

The Plan was covered by a \$500,000 fidelity bond during 2014 and 2013.

9. Subsequent events

The Plan has evaluated subsequent events through September 1, 2015, which is the date the financial statements were available to be issued.

On December 30, 2014, the Company amended the Plan Document for eligible employees to become participants for matching contributions purposes on January 1 and July 1 following the date they attain age twenty-one and complete six months of service or 500 hours of service. Also, employees who are co-ops or intern employees are not eligible to participate in the Plan for purposes of non-elective contributions, matching contributions, and elective deferral contributions. These amendments are effective for the plan years that begin on and after January 1, 2015.

SUPPLEMENTAL SCHEDULE

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Cash			\$ 29,758	\$ 29,758
Investments				
Money market investments				
*	UBS Liquid Asset Fund	752,578 units	\$ 752,577	\$ 752,577
*	UBS Bank USA Dep Acct	250,000 units	250,000	250,000
Total money market investments			1,002,577	1,002,577
Common stocks				
	Allstate Corp.	4,075 shares	\$ 85,685	\$ 286,269
	Ameriprise Financial, Inc.	1,980 shares	36,899	261,855
	Amgen, Inc.	1,810 shares	91,900	288,315
	Anthem, Inc.	2,120 shares	87,797	266,420
	Apache Corp.	1,910 shares	133,844	119,700
	Apple, Inc.	2,450 shares	117,309	270,431
	Archer Daniels Midland Co.	4,950 shares	142,764	257,400
	AT&T, Inc.	5,390 shares	131,343	181,050
	Automatic Data Processing, Inc.	2,895 shares	139,144	241,356
	Cardinal Health, Inc.	3,320 shares	130,379	268,024
	Chevron Corp.	1,760 shares	145,187	197,437
	Cisco Systems, Inc.	9,885 shares	169,215	274,951
	Coca-Cola Enterprises, Inc.	5,385 shares	133,061	238,125
	Comcast Corp	4,600 shares	132,628	266,846
	Computer Sciences	4,175 shares	135,829	263,234
	ConocoPhillips	3,175 shares	128,386	219,266
	Covidien PLC	1,595 shares	60,594	163,137
	Devon Energy Corp.	2,860 shares	121,089	175,061
	Dover Corp	2,750 shares	128,017	197,230
	EMC Corp Mass	7,250 shares	182,693	215,615
	Emerson Electric Co.	3,506 shares	105,304	216,425
	Exxon Mobil Corp.	2,170 shares	113,304	200,617
	Freeport-McMoran Copper & Gold, Inc.	5,558 shares	109,671	129,835
	General Dynamics Corp.	1,990 shares	114,849	273,864

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares		(d) Cost	(e) Current value
	Goldman Sachs Group, Inc.	1,300	shares	\$ 183,134	\$ 251,979
	Halyard Health, Inc.	283	shares	5,788	12,868
	Home Depot Inc.	2,755	shares	77,763	289,192
	Honeywell Intl. Inc.	2,625	shares	79,118	262,290
	Intel Corp.	7,527	shares	149,655	273,155
	Intl. Business Machine	1,075	shares	97,229	172,473
	Johnson & Johnson Co.	2,255	shares	115,899	235,805
	JPMorgan Chase & Co.	4,175	shares	147,085	261,272
	Kimberly Clark Corp.	2,270	shares	133,953	262,276
	Lincoln National Corp.	4,615	shares	69,550	266,147
	Medtronic Inc.	3,620	shares	188,433	261,364
	Merck & Co., Inc. New Com	3,500	shares	189,584	198,765
	Microsoft Corp.	5,381	shares	136,452	249,947
	Nordstrom Inc.	3,300	shares	188,920	261,987
	Occidental Petroleum Corp.	1,895	shares	142,433	152,756
	Omnicom Group, Inc.	3,675	shares	145,267	284,702
	Oracle Corp	6,015	shares	170,078	270,495
	Parker Hannifin Corp.	2,050	shares	86,698	264,348
	PepsiCo, Inc.	2,284	shares	147,057	215,975
	Pfizer, Inc.	7,775	shares	179,276	242,191
	PNC Financial Services Group	2,935	shares	163,091	267,760
	PPG Industries, Inc.	1,230	shares	54,732	284,315
	Procter & Gamble Co.	2,812	shares	150,613	256,145
	Qualcomm Inc.	2,500	shares	199,638	185,825
	Schlumberger LTD Netherlands Antilles	2,110	shares	196,680	180,215
	State Street Corp.	3,445	shares	153,942	270,433
	Symantec Corp.	9,900	shares	185,626	253,985
	TE Connectivity LTD	3,995	shares	42,721	252,679
	The Travelers Companies, Inc.	2,750	shares	117,657	291,088
	United Parcel Service Inc.	2,175	shares	215,060	241,795
	United Health Group Inc.	2,850	shares	156,376	288,107
	United Technologies Corp.	2,220	shares	77,571	255,300
	US Bancorp	5,300	shares	179,114	238,235
	Verizon Communications, Inc.	4,550	shares	136,550	212,849
	VF Corp.	3,837	shares	42,894	287,391
	Total common stock			<u>7,582,528</u>	<u>13,928,572</u>

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Corporate bonds				
	Prudential Financial Inc NTS B/E	250,000 01/14/15 3.87%	\$ 259,503	\$ 250,290
	Goldman Sachs Group Inc NTS	100,000 01/15/15 5.12%	103,757	100,128
	Adobe Systems Inc. NTS	100,000 02/01/15 3.24%	102,852	100,190
	Time Warner Cable Inc	100,000 02/01/15 3.49%	102,811	100,191
	Barclays Bank PLC NTS B/E	150,000 02/23/15 2.74%	153,656	150,413
	CitiGroup Inc NTS B/E	150,000 03/02/15 2.64%	153,142	150,443
	Bank of America Internotes	25,000 03/15/15 4.39%	25,732	25,047
	Hewlett Packard Co. NTS	50,000 03/15/15 2.34%	50,948	50,155
	Pitney Bowes Inc.	125,000 03/15/15 4.96%	129,613	125,890
	Bank of America Corp. NTS B/E	95,000 04/01/15 4.46%	98,880	95,893
	Orix Corp	150,000 04/27/15 4.65%	156,603	151,785
	Morgan Stanley Med Term NTS	100,000 04/28/15 5.90%	105,876	101,618
	Goldman Sachs Group Inc NTS B/E	200,000 05/03/15 3.27%	205,487	201,624
	CVS Caremark Corp NTS	100,000 05/18/15 3.22%	103,145	100,963
	CitiGroup Inc NTS	100,000 05/29/15 4.62%	104,166	101,623
	Capital One Fincl Group	100,000 06/01/15 5.40%	104,550	101,815
	American Express Crdt Corp	225,000 06/12/15 1.74%	228,134	226,237
	Genl Elec Cap Corp.	35,000 07/15/15 4.91%	36,406	35,665
	Southern Power SNR NTS	50,000 07/15/15 4.77%	51,798	51,084
	Time Warner Cable NTS B/E	115,000 07/15/15 3.11%	118,093	116,608
	Morgan Stanley B/E	150,000 07/24/15 3.93%	155,448	152,823
	Bank of America Corp. NTS	225,000 08/01/15 4.65%	234,506	230,047
	Aflac Inc B/E	150,000 08/15/15 3.39%	154,575	152,585
	Southern Co. B/E	150,000 09/15/15 2.35%	152,505	151,634
	Royal Bank of Scotland & Plc NTS B/E	200,000 09/21/15 3.87%	206,418	204,116
	Kroger Co NTS B/E	100,000 10/01/15 3.82%	102,929	102,148
	Morgan Stanley MW+ 15BP NTS	150,000 10/15/15 5.20%	157,170	155,151
	Celgene Corp NTS B/E	150,000 10/15/15 2.43%	152,852	151,471
	Autozone Inc B/E	150,000 11/15/15 5.29%	156,849	156,087
	Comcast Corp New	100,000 11/15/15 5.59%	104,924	104,582
	Ace INA Hldgs Inc NTS	100,000 11/23/15 2.56%	102,090	101,557
	Aegon NV B/E	200,000 12/01/15 4.47%	207,589	206,934
	Bank of America Corp NTS	100,000 12/01/15 5.07%	104,265	103,594
	CitiGroup Inc NTS	100,000 12/15/15 4.44%	103,690	103,332
	J.P. Morgan Chase & CO	200,000 01/15/16 2.56%	203,852	203,428
	Enterprise Products Oper	100,000 02/01/16 3.13%	102,337	102,368
Total corporate bonds			4,797,151	4,719,519

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	Cost	Current value	
Exchange traded funds				
Guggenheim Enhanced Short Duration	5,000 shares	\$ 250,888	\$ 249,600	
iShares 1-3 year TREAS Bond ETF	3,000 shares	253,116	253,350	
iShares TIPS Bond ETF	2,100 shares	231,879	235,221	
iShares 1-3 year Credit Bond	2,400 shares	251,417	252,432	
Vanguard Short-Term Corporate	3,100 shares	245,812	246,853	
Vanguard Bond Index Fund	3,100 shares	252,966	247,845	
Total exchange traded and closed end funds		<u>1,486,078</u>	<u>1,485,301</u>	
Mutual funds				
American Funds New World	1,621.171 shares	\$ 83,903	\$ 86,587	
American Funds SmallCap World	4,760.509 shares	185,373	217,079	
American Funds Developing World Growth and Income	8,129.313 shares	91,205	84,626	
Neuberger Berman Abs Ret Multi-MGR Class I	18,450.000 shares	205,503	198,708	
Dodge & Cox International Stock	4,445.429 shares	175,220	187,197	
Thornburg International Value	5,771.956 shares	175,366	158,209	
Fidelity Advisor Floating Rate	26,825.060 shares	262,370	257,789	
Lord Abbett Short Duration Income	57,662.469 shares	265,040	256,598	
JP Morgan Core Bond Fund	12,905.632 shares	151,166	151,641	
Loomis Sayles Investment Grade Bond	12,691.906 shares	153,630	150,653	
Metropolitan West Total Return Bond	13,902.969 shares	150,802	151,541	
Sentinel Govt Securities Fund	24,665.796 shares	264,628	249,618	
Total mutual funds		<u>2,164,206</u>	<u>2,150,246</u>	
Total investments		<u>\$ 17,032,540</u>	<u>\$ 23,286,215</u>	

* Party-in-interest

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Cash			\$ 29,758	\$ 29,758
Investments				
Money market investments				
	* UBS Liquid Asset Fund	752,578 units	\$ 752,577	\$ 752,577
	* UBS Bank USA Dep Acct	250,000 units	250,000	250,000
Total money market investments			1,002,577	1,002,577
Common stocks				
	Allstate Corp.	4,075 shares	\$ 85,685	\$ 286,269
	Ameriprise Financial, Inc.	1,980 shares	36,899	261,855
	Amgen, Inc.	1,810 shares	91,900	288,315
	Anthem, Inc.	2,120 shares	87,797	266,420
	Apache Corp.	1,910 shares	133,844	119,700
	Apple, Inc.	2,450 shares	117,309	270,431
	Archer Daniels Midland Co.	4,950 shares	142,764	257,400
	AT&T, Inc.	5,390 shares	131,343	181,050
	Automatic Data Processing, Inc.	2,895 shares	139,144	241,356
	Cardinal Health, Inc.	3,320 shares	130,379	268,024
	Chevron Corp.	1,760 shares	145,187	197,437
	Cisco Systems, Inc.	9,885 shares	169,215	274,951
	Coca-Cola Enterprises, Inc.	5,385 shares	133,061	238,125
	Comcast Corp	4,600 shares	132,628	266,846
	Computer Sciences	4,175 shares	135,829	263,234
	ConocoPhillips	3,175 shares	128,386	219,266
	Covidien PLC	1,595 shares	60,594	163,137
	Devon Energy Corp.	2,860 shares	121,089	175,061
	Dover Corp	2,750 shares	128,017	197,230
	EMC Corp Mass	7,250 shares	182,693	215,615
	Emerson Electric Co.	3,506 shares	105,304	216,425
	Exxon Mobil Corp.	2,170 shares	113,304	200,617
	Freeport-McMoran Copper & Gold, Inc.	5,558 shares	109,671	129,835
	General Dynamics Corp.	1,990 shares	114,849	273,864

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Goldman Sachs Group, Inc.	1,300 shares	\$ 183,134	\$ 251,979
	Halyard Health, Inc.	283 shares	5,788	12,868
	Home Depot Inc.	2,755 shares	77,763	289,192
	Honeywell Intl. Inc.	2,625 shares	79,118	262,290
	Intel Corp.	7,527 shares	149,655	273,155
	Intl. Business Machine	1,075 shares	97,229	172,473
	Johnson & Johnson Co.	2,255 shares	115,899	235,805
	JPMorgan Chase & Co.	4,175 shares	147,085	261,272
	Kimberly Clark Corp.	2,270 shares	133,953	262,276
	Lincoln National Corp.	4,615 shares	69,550	266,147
	Medtronic Inc.	3,620 shares	188,433	261,364
	Merck & Co., Inc. New Com	3,500 shares	189,584	198,765
	Microsoft Corp.	5,381 shares	136,452	249,947
	Nordstrom Inc.	3,300 shares	188,920	261,987
	Occidental Petroleum Corp.	1,895 shares	142,433	152,756
	Omnicom Group, Inc.	3,675 shares	145,267	284,702
	Oracle Corp	6,015 shares	170,078	270,495
	Parker Hannifin Corp.	2,050 shares	86,698	264,348
	PepsiCo, Inc.	2,284 shares	147,057	215,975
	Pfizer, Inc.	7,775 shares	179,276	242,191
	PNC Financial Services Group	2,935 shares	163,091	267,760
	PPG Industries, Inc.	1,230 shares	54,732	284,315
	Procter & Gamble Co.	2,812 shares	150,613	256,145
	Qualcomm Inc.	2,500 shares	199,638	185,825
	Schlumberger LTD Netherlands Antilles	2,110 shares	196,680	180,215
	State Street Corp.	3,445 shares	153,942	270,433
	Symantec Corp.	9,900 shares	185,626	253,985
	TE Connectivity LTD	3,995 shares	42,721	252,679
	The Travelers Companies, Inc.	2,750 shares	117,657	291,088
	United Parcel Service Inc.	2,175 shares	215,060	241,795
	United Health Group Inc.	2,850 shares	156,376	288,107
	United Technologies Corp.	2,220 shares	77,571	255,300
	US Bancorp	5,300 shares	179,114	238,235
	Verizon Communications, Inc.	4,550 shares	136,550	212,849
	VF Corp.	3,837 shares	42,894	287,391
	Total common stock		<u>7,582,528</u>	<u>13,928,572</u>

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares			Cost	Current value
Corporate bonds						
	Prudential Financial Inc NTS B/E	250,000	01/14/15	3.87%	\$ 259,503	\$ 250,290
	Goldman Sachs Group Inc NTS	100,000	01/15/15	5.12%	103,757	100,128
	Adobe Systems Inc. NTS	100,000	02/01/15	3.24%	102,852	100,190
	Time Warner Cable Inc	100,000	02/01/15	3.49%	102,811	100,191
	Barclays Bank PLC NTS B/E	150,000	02/23/15	2.74%	153,656	150,413
	CitiGroup Inc NTS B/E	150,000	03/02/15	2.64%	153,142	150,443
	Bank of America Internotes	25,000	03/15/15	4.39%	25,732	25,047
	Hewlett Packard Co. NTS	50,000	03/15/15	2.34%	50,948	50,155
	Pitney Bowes Inc.	125,000	03/15/15	4.96%	129,613	125,890
	Bank of America Corp. NTS B/E	95,000	04/01/15	4.46%	98,880	95,893
	Orix Corp	150,000	04/27/15	4.65%	156,603	151,785
	Morgan Stanley Med Term NTS	100,000	04/28/15	5.90%	105,876	101,618
	Goldman Sachs Group Inc NTS B/E	200,000	05/03/15	3.27%	205,487	201,624
	CVS Caremark Corp NTS	100,000	05/18/15	3.22%	103,145	100,963
	CitiGroup Inc NTS	100,000	05/29/15	4.62%	104,166	101,623
	Capital One Fincl Group	100,000	06/01/15	5.40%	104,550	101,815
	American Express Crdt Corp	225,000	06/12/15	1.74%	228,134	226,237
	Genl Elec Cap Corp.	35,000	07/15/15	4.91%	36,406	35,665
	Southern Power SNR NTS	50,000	07/15/15	4.77%	51,798	51,084
	Time Warner Cable NTS B/E	115,000	07/15/15	3.11%	118,093	116,608
	Morgan Stanley B/E	150,000	07/24/15	3.93%	155,448	152,823
	Bank of America Corp. NTS	225,000	08/01/15	4.65%	234,506	230,047
	Aflac Inc B/E	150,000	08/15/15	3.39%	154,575	152,585
	Southern Co. B/E	150,000	09/15/15	2.35%	152,505	151,634
	Royal Bank of Scotland & Plc NTS B/E	200,000	09/21/15	3.87%	206,418	204,116
	Kroger Co NTS B/E	100,000	10/01/15	3.82%	102,929	102,148
	Morgan Stanley MW+ 15BP NTS	150,000	10/15/15	5.20%	157,170	155,151
	Celgene Corp NTS B/E	150,000	10/15/15	2.43%	152,852	151,471
	Autozone Inc B/E	150,000	11/15/15	5.29%	156,849	156,087
	Comcast Corp New	100,000	11/15/15	5.59%	104,924	104,582
	Ace INA Hldgs Inc NTS	100,000	11/23/15	2.56%	102,090	101,557
	Aegon NV B/E	200,000	12/01/15	4.47%	207,589	206,934
	Bank of America Corp NTS	100,000	12/01/15	5.07%	104,265	103,594
	CitiGroup Inc NTS	100,000	12/15/15	4.44%	103,690	103,332
	J.P. Morgan Chase & CO	200,000	01/15/16	2.56%	203,852	203,428
	Enterprise Products Oper	100,000	02/01/16	3.13%	102,337	102,368
Total corporate bonds					4,797,151	4,719,519

See report of independent auditors.

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Exchange traded funds				
	Guggenheim Enhanced Short Duration	5,000 shares	\$ 250,888	\$ 249,600
	iShares 1-3 year TREAS Bond ETF	3,000 shares	253,116	253,350
	iShares TIPS Bond ETF	2,100 shares	231,879	235,221
	iShares 1-3 year Credit Bond	2,400 shares	251,417	252,432
	Vanguard Short-Term Corporate	3,100 shares	245,812	246,853
	Vanguard Bond Index Fund	3,100 shares	252,966	247,845
	Total exchange traded and closed end funds		1,486,078	1,485,301
Mutual funds				
	American Funds New World	1,621.171 shares	\$ 83,903	\$ 86,587
	American Funds SmallCap World	4,760.509 shares	185,373	217,079
	American Funds Developing World Growth and Income	8,129.313 shares	91,205	84,626
	Neuberger Berman Abs Ret Multi-MGR Class I	18,450.000 shares	205,503	198,708
	Dodge & Cox International Stock	4,445.429 shares	175,220	187,197
	Thornburg International Value	5,771.956 shares	175,366	158,209
	Fidelity Advisor Floating Rate	26,825.060 shares	262,370	257,789
	Lord Abbett Short Duration Income	57,662.469 shares	265,040	256,598
	JP Morgan Core Bond Fund	12,905.632 shares	151,166	151,641
	Loomis Sayles Investment Grade Bond	12,691.906 shares	153,630	150,653
	Metropolitan West Total Return Bond	13,902.969 shares	150,802	151,541
	Sentinel Govt Securities Fund	24,665.796 shares	264,628	249,618
	Total mutual funds		2,164,206	2,150,246
	Total investments		\$ 17,032,540	\$ 23,286,215

* Party-in-interest

See report of independent auditors.