

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information												
1a Name of plan <u>NORTHERN OHIO PROFIT SHARING PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LAKE ERIE CONSTRUCTION COMPANY</u> <u>25 SO. NORWALK RD.</u> <u>PO BOX 777</u> <u>NORWALK, OH 44857</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/11/1959</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1262474</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>419-668-3302</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>237990</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/11/1959</u>		2b Employer Identification Number (EIN) <u>34-1262474</u>		2c Plan Sponsor's telephone number <u>419-668-3302</u>		2d Business code (see instructions) <u>237990</u>			
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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.	10/15/2015	MICHAEL BLEILE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	MICHAEL BLEILE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name LAKE ERIE CONSTRUCTION COMPANY	4b EIN 34-1262474 4c PN 333
5 Total number of participants at the beginning of the plan year	5 154
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) 143
a(2) Total number of active participants at the end of the plan year	6a(2) 139
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits.....	6c 9
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 135
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 2
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 2A 2F 2G 3D 3H 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 NORTHERN OHIO PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKE ERIE CONSTRUCTION COMPANY	D Employer Identification Number (EIN) 34-1262474	

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL 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
04-1590850	65935	MR 61267	152	01/01/2014	12/31/2014

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	12645	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	6671	
(4) Transferred from separate account	7c(4)	432767	
(5) Other (specify below)	7c(5)	133850	
▶ TRANS ASSETS, TRANS FORFS			

(6) Total additions	7c(6)	585933
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d Total of balance and additions (add lines 7b and 7c(6))	7d	585933
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	585933
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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 NORTHERN OHIO PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKE ERIE CONSTRUCTION COMPANY	D Employer Identification Number (EIN) 34-1262474	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

26-4310632

(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	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	20000	Yes ☐ No ☒

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

MASSACHUSETTS MUTUAL LIFE INS. 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?
52 60 63 64 67 72	CONTRACT ADMINISTRATOR	2565	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 ☐

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
MORGAN STANLEY SMITH BARNEY, LLC	27	20000
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GROWTH FUND 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GATEWAY FUND 04-3200027	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.	
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTERNATIONAL FUND 04-3276558	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JHANCOCK3 DISCIPL VALUE MID CAP FD 04-3279774	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG YACHTMAN FUND 06-1555943	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL SHORT-TERM CORP BD FD 13-3468311	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER INTERNATIONAL GR FUND 13-3867060	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
JP MORGAN EQUITY INCOME FUND 13-4161079	BASIS POINTS * PLAN ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
JP MORGAN SMALL CAP VALUE FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
IVY MID CAP GROWTH FUND 48-1112076	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK HIGH YIELD BOND FUND 51-0318674	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE SMALL CAP GROWTH FUND 52-1200960	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE CAPITAL APPREC FD 52-1465786	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation MAINSTAY MARKETFIELD FUND 52-2206685		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation TCW EMERGING MARKETS INCOME FUND 52-7656007		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation TEMPLETON GLOBAL BOND FUND 59-6865210		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRIMECAP ODYSSEY AGGRESSIVE GR FD 95-3868081	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST INTERM BOND FD 95-4597302	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS EMRG MRKTS OPPORTUNITIES FD 95-6981193	BASIS POINTS * PLAN ASSETS	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>NORTHERN OHIO PROFIT SHARING 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>LAKE ERIE CONSTRUCTION COMPANY</u>		D Employer Identification Number (EIN) <u>34-1262474</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		1010
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		25334
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	279778	
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	1304160	
	(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)	0	148890
	(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)	24337449	22184189
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		3764893
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	25921387	26124316

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	25921387	26124316
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1409406	
(B) Participants	2a(1)(B)	52814	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1462220

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	751	
(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)	2799	
(F) Other	2b(1)(F)	75066	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78616

(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)	913353	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		913353

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6647370	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6640341	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7029

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-301	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-301

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-79459
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2381458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2175964	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2175964
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)	0	
(2) Contract administrator fees	2i(2)	2565	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2565
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2178529

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		202929
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: PAYNE NICLES & CO.

(2) EIN: 34-1664586

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.	X		
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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan NORTHERN OHIO PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKE ERIE CONSTRUCTION COMPANY				D Employer Identification Number (EIN) 34-1262474	
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): <div>EIN(s): 04-1590850 34-1829910</div>					
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): _____

**NORTHERN OHIO
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
YEARS ENDED DECEMBER 31, 2014 AND 2013**



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Payne Nickles & Company

Certified Public Accountants and Business Advisors
INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of Northern Ohio Profit Sharing Plan
Norwalk, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northern Ohio Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2014, the related statement of changes in net assets available for benefits for the year then ended, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2014 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 on the 2014 financial statements.

Basis for Disclaimer of Opinion on the 2014 Financial Statements

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 State Street Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2014 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matters - Report on Supplemental Schedules and Report on 2013 Financial Statements

The supplemental schedules of assets held for investment purposes at end of year and reportable transactions for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

We have audited the accompanying financial statement of net assets available for benefits of **Northern Ohio Profit Sharing Plan**, as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements, and in our report dated October 8, 2014, we expressed our opinion that such financial statements present fairly, in all material respects, the financial status of **Northern Ohio Profit Sharing Plan** as of December 31, 2013, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2014 Financial Statements

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Payne, Nisler & Company

Norwalk, Ohio
October 14, 2015



**NORTHERN OHIO
PROFIT SHARING PLAN**

**Statements of Net Assets Available for Benefits
December 31**

Assets	<u>2014</u>	<u>2013</u>
Investments:		
Participant-directed investments:		
Mutual funds, at fair value	\$22,184,189	\$ -
Guaranteed interest contracts	<u>3,764,893</u>	<u>-</u>
	25,949,082	-
 Nonparticipant – directed investments:		
Mutual funds, at fair value	-	24,337,449
Common stocks, at fair value	<u>-</u>	<u>1,304,160</u>
	<u>-</u>	<u>25,641,609</u>
 Total investments	25,949,082	25,641,609
 Receivables:		
Employer contributions	1,370,673	1,409,180
Participant loans	148,890	-
Other	25,334	-
 Cash	<u>1,010</u>	<u>279,778</u>
 Net assets available for benefits	<u>\$27,494,989</u>	<u>\$27,330,567</u>

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



**NORTHERN OHIO
PROFIT SHARING PLAN**

**Statements of Changes in Net Assets Available for Benefits
For the years ended December 31**

	<u>2014</u>	<u>2013</u>
Additions:		
Additions to net assets attributed to:		
Investment income:		
Interest	\$ 77,872	\$ 23
Dividends	973,463	1,028,705
Net appreciation (depreciation) in fair value of investments	<u>(131,994)</u>	<u>954,800</u>
	919,341	1,983,528
Employer contributions	1,370,673	1,409,180
Employee contributions	<u>52,814</u>	<u>-</u>
Total additions	2,342,828	3,392,708
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	2,175,965	1,498,954
Administrative expenses	<u>2,441</u>	<u>298</u>
Total deductions	<u>2,178,406</u>	<u>1,499,252</u>
Net increase in net assets available for benefits	164,422	1,893,456
Net assets available for benefits beginning of year	<u>27,330,567</u>	<u>25,437,111</u>
Net assets available for benefits end of year	<u>\$27,494,989</u>	<u>\$27,330,567</u>

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



NORTHERN OHIO PROFIT SHARING PLAN

Notes to Financial Statements For the years ended December 31, 2014 and 2013

1. Description of the plan

The following description of the Northern Ohio Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective March 1, 1993, the Lake Erie Construction Company Profit Sharing Plan and Trust was renamed the Northern Ohio Profit Sharing Plan and Trust. At that same date the Plan was amended and restated in its entirety to become a multiple employer plan and to change its year end to December 31. The Plan was subsequently amended and restated, effective October 15, 2008, and renamed the Northern Ohio Profit Sharing Plan. The restated plan allowed for non-elective contributions to three separate groups of participants in such proportion that each participant's compensation bears to the total compensation of all participants within each group or in equal amounts or percentages of compensation for that group. As of January 1, 2011, the following companies are adopting employers of the Plan (the Companies): Lake Erie Construction Company, Maple City Development Company, Firelands Supply Company and American Highway Safety, LLC.

The Plan is a defined contribution plan covering all full-time employees of the Companies who have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Effective through March 6, 2014 the Plan provided for annual contributions in such amounts as the Companies determined, but not to exceed limitations imposed by the Internal Revenue Code, and allowed for participant contributions in the form of rollover amounts from other qualified plans. All contributions to the Plan were nonparticipant-directed. The Plan provided for vesting with the participants at the rate of 20% after two years of service, increasing 20% per year thereafter.

Participant accounts

Each participant's account was credited with an allocation of (a) the Companies' contributions, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's account.

Amended and restated plan

At March 6, 2014 the plan was amended and restated and a volume submitter 401(k) profit sharing plan was adopted. All plan assets were rolled into new investment choices on March 7, 2014.



1. Description of the plan – continued

General – restated plan

The restated plan is a multiple employer defined contribution retirement savings plan in accordance with Internal Revenue Code Section 401(k) covering all eligible employees of the adopting employers employed on or after March 6, 2014. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following companies are adopting employers of the restated Plan (the Companies): Lake Erie Construction Company, Maple City Development Company, Firelands Supply Company and American Highway Safety, LLC.

Contributions – restated plan

Each year participants may elect to make deferred or non-deferred (Roth) salary contributions to the Plan in amounts up to the maximum percentage allowed by the Internal Revenue Code of their total pretax compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans or individual retirement accounts. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers three risk based model portfolios, twelve age-based investment options and over twenty mutual funds. The Companies may make employer contributions at the discretion of their Boards of Directors to six separate groups of participants in proportion to all participants within each group. Participants must be employed on the last day of the year to receive an allocation of the Companies' contributions.

Participant accounts – restated plan

Each participant's account is credited with their own contributions and allocations of the Companies' contributions and Plan earnings and charged with an allocation of administrative expenses. Allocations are based upon participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Companies' contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Forfeited accounts

Forfeitures are allocated to administration expenses of the Plan and then as additional employer contributions. Forfeitures of terminated participants' non-vested accounts amounted to \$31,488 and \$42,305 for 2014 and 2013, respectively.

Notes receivable from participants

Participants may borrow from their fund accounts up to an annual maximum of the lesser of \$15,000 or 50% of their vested account balance and a cumulative maximum of 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at the prime rate. Principal and interest is paid ratably through payroll deductions. Participant loans are valued at their outstanding balances.



1. Description of the plan – continued

Payment of benefits

On termination of service, a participant may elect to receive a lump sum, a qualified joint and survivor annuity, a series of installment payments or an annuity. In all cases, the participant will receive an amount equal to the vested balance of his or her account. The Plan Administrator may direct the trustee to make a lump-sum distribution to a terminated participant whose vested account balance is less than \$5,000.

2. Summary of significant accounting policies

Basis of accounting

Accounting records are maintained by the custodian on the cash basis. The financial statements herein include all material adjustments necessary to place the financial statements on the accrual basis of accounting. The Annual Return/Report of Employee Benefit Plan is filed on the cash basis.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Financial instruments - concentration of credit risk

The Plan places its temporary cash investments with financial institutions in amounts which may exceed the federally insured deposit limits.

Investment valuation and income recognition

Investment transactions are recorded by the custodian on the trade-date basis. Investments owned are reflected in the statement of net assets available for plan benefits at fair value based on quoted market prices. See financial schedules for a list of investments held at December 31, 2014, and any reportable transactions required to be disclosed. Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits. Realized gains and losses are determined based on the original cost of the assets and are also included in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2014, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.



2. Summary of significant accounting policies - continued

Administrative expenses

Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid directly by the Companies.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

Management has evaluated subsequent events through October 14, 2015 the date the financial statements were available to be issued.

3. Information certified by State Street Bank and Trust Company

During 2014, the Plan sponsor entered into an agreement with State Street Bank and Trust Company which established State Street Bank and Trust Company as the custodian of the Plan. Effective March 7, 2014, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under this election, no audit procedures were performed on the 2014 financial statements and accompanying supplementary information (other than with respect to contributions and benefits paid to participants) after March 6, 2014, except for comparing such information to the information certified by the custodian.

4. Risks and uncertainties

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

5. Tax status

The Plan in place to March 6, 2014 obtained its latest determination letter on May 4, 2009, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Effective March 6, 2014 the Plan adopted a volume submitter 401(k) plan from its third party administrator, Massachusetts Mutual Life Insurance Company (Mass Mutual). As a volume submitter, Mass Mutual has obtained an advisory letter dated May 11, 2009 in which the Internal Revenue Service stated that the plan, as then designed, was acceptable under the applicable requirements of the Internal Revenue Code. The plan has



5. Tax status - continued

been amended since Mass Mutual received the favorable advisory letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

6. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time or 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 and each participant and beneficiary will be paid the amount of his or her account balance in the Plan in a lump sum.

7. Fair value measurements

FASB ASC 820 establishes that 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 (exit price) and establishes a fair value hierarchy based upon the inputs used to measure fair value. The three levels of the fair value hierarchy defined by FASB ASC 820 are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 – Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

As required by FASB ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of the fair value of assets and liabilities and their placement within the fair value hierarchy levels. The Plan's investments accounted for at fair value as of December 31, 2014 and 2013 are summarized on the next page.



7. Fair value measurements - continued

<u>Level 1 inputs:</u>	<u>2014</u>	<u>2013</u>
Mutual funds	\$22,184,189	\$24,337,449
Common stocks	<u>-</u>	<u>1,304,160</u>
	<u>\$22,184,189</u>	<u>\$25,641,609</u>
 <u>Level 2 inputs:</u>		
Guaranteed interest contracts	<u>\$ 3,764,893</u>	<u>\$ -</u>

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2014.

Mutual funds and common stocks are valued at the net asset value of shares held by the Plan at year end. See Note 8 for value of guaranteed interest contracts.

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 fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair market value of investments in the statement of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.

8. Guaranteed interest contracts with insurance company

In 2014, the Plan entered into fully benefit-responsive guaranteed interest contracts with Mass Mutual. Mass Mutual maintains the contributions in separate account guaranteed interest contracts (SAGIC). SAGIC's maintain a Book Value Account (BVA) and a Market Value Account (MVA). The BVA is credited a guaranteed rate that is reset semi-annually. The rates established are unique to each contract and take into account contributions, withdrawal, and expense activity and the value of the MVA relative to the BVA within each contract. Since the guaranteed crediting rate will not be reset below zero percent, at a minimum, participant's principal is guaranteed while the contract is in force. The BVA's rate is reset periodically to reflect the yield to maturity of the underlying asset portfolio and also to amortize the difference between the contract's BVA and MVA balance while taking into consideration fees and expenses. The guaranteed interest contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed interest contract is typically presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Mass Mutual, represents contributions made



8. Guaranteed interest contracts with insurance company - continued

under the contract, plus earnings, less participant withdrawals and administrative expenses. Because contract value approximates fair value no adjustment to contract value is presented on the statement of net assets available for benefits. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the interest contracts at December 31, 2014 was \$3,764,893. The unallocated guaranteed interest contracts had a yield of 4.55% and the allocated guaranteed interest contracts had a yield of 3.01% which was credited to participants.

9. Transactions with parties-in-interest

Due to the nature of the investment contract under the restated plan, all investment transactions, administrative expenses and investment assets held after March 6, 2014 are considered to be party-in-interest transactions with Mass Mutual. Such transactions are exempt from being prohibited transactions.

10. Nonparticipant-directed investments

Information about the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	<u>2014</u>	<u>2013</u>
Changes in net assets:		
Contributions received	\$ -	\$ 1,472,966
Dividends and interest	60,117	1,028,728
Net appreciation (depreciation) of investments	194,139	954,800
Administrative fees	(17)	(298)
Benefits paid to participants	(1,960,685)	(1,498,954)
Distribution to participant-directed investments	<u>(24,214,941)</u>	<u>-</u>
	<u>\$(25,921,387)</u>	<u>\$ 1,957,242</u>



11. Schedule of investments

The following table presents investments, all of which are participant directed at December 31, 2014 and nonparticipant-directed at December 31, 2013, which represent five percent or more of the Plan's net assets available for benefits at the beginning of their respective year ends.

<u>Issuer</u>	<u>Description</u>	<u>No. of Units</u>	Fair Value December 31	
			<u>2014</u>	<u>2013</u>
Guaranteed Investment Contracts:				
SAGIC	Diversified Fund	3,178,961	3,178,961	-
Mutual Funds:				
Doubleline	Total Return Bond Fund I	255,110	-	2,750,087
JP Morgan	Value Advantage	62,249	1,855,653	-
FPA	Crescent Portfolio	79,270	-	2,612,729
Lord Abbett	Short Duration Income Fund	112,811	1,636,485	-
Managers AMG	Yacktman Focused Fund	90,696	-	2,281,012
Prudential	Short Term Corporate Bond	186,040	2,214,043	-
Oppenheimer	International Growth Fund	42,119	1,485,961	-
AMG	Yacktman Fund	63,559	1,596,595	-
Oakmark	International Fund	72,938	1,702,371	-
DoubleLine	Total Return Bond Fund	125,911	1,381,239	-
T. Rowe Price	Capital Appreciation	131,784	-	3,381,565
Vanguard Funds	Wellington Fund	59,977	-	2,275,526
Vanguard Funds	Short Term Bond Index Fund	390,890	-	4,100,440
Common Stocks:				
Berkshire Hathaway, Inc.	Class B Stock	11,000	-	1,304,160

During 2014 and 2013 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$131,994 and \$954,800, respectively, as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds	(\$161,034)	\$690,035
Common stocks	<u>29,040</u>	<u>264,795</u>
	<u>\$131,994</u>	<u>\$954,800</u>

12. Reconciliation to Form 5500

As discussed in Note 2, the Plan's financial statements are presented on the accrual basis of accounting and the Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared and filed on the cash basis of accounting. The following schedule reconciles the differences between those two methods as of and for the year ended December 31, 2014 and the differences in classifications of investment income, gains and losses for the year ended December 31, 2014.

	<u>Per financial statements</u>	<u>Adjustments to cash basis</u>	<u>Reclassifi- cations to Form 5500 Presentation</u>	<u>Per Form 5500</u>
Investments:				
Mutual funds	\$22,184,189	\$ -	\$ -	\$22,184,189
Guaranteed investment contracts	3,764,893	-	-	3,764,893
Receivables:				
Employer contributions	1,370,673	(1,370,673)	-	-
Participant loans	148,890	-	-	148,890
Other	25,334	-	-	25,334
Cash	<u>1,010</u>	<u>-</u>	<u>-</u>	<u>1,010</u>
Net assets available for benefits	<u>\$27,494,989</u>	<u>\$(1,370,673)</u>	<u>\$ -</u>	<u>\$26,124,316</u>
Additions to net assets:				
Investment income:				
Interest	\$ 77,872	\$ -	\$ 744	\$ 78,616
Dividends	973,463	-	(60,110)	913,353
Net appreciation	(131,994)	-	131,693	(301)
Net investment gain from registered investment companies	-	-	(72,430)	(72,430)
Employer contributions	1,370,673	38,733	-	1,409,406
Employee contributions	52,814			52,814
Deductions from net assets:				
Benefits paid	(2,175,965)	-	1	(2,175,964)
Administrative expenses	<u>(2,441)</u>	<u>-</u>	<u>(124)</u>	<u>(2,565)</u>
Net increase (decrease) in net assets available for benefits	<u>\$ 164,422</u>	<u>\$ 38,733</u>	<u>\$ (226)</u>	<u>\$ 202,929</u>

SUPPLEMENTARY INFORMATION



A Name of Plan Northern Ohio Profit Sharing Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Lake Erie Construction Company	D Employer Identification Number 341262474

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	585,932	585,932
*	MassMutual Premier	Holding Account - MF-G	0	226
*	MFS Investment Management	MF-1115	4,336	4,378
*	TCW Group	MF-1249	66,594	61,573
*	BlackRock	MF-1270	2,975	2,829
*	Franklin/Templeton	MF-1272	75	70
*	Oakmark	MF-137	195,216	179,886
*	John Hancock	MF-1481	22,017	23,457
*	Virtus Mutual Funds	MF-1526	1,646	1,598
*	Legg Mason	MF-1635	2,864	2,762
*	Ivy Funds	MF-1665	0	0
*	Managers Funds	MF-1743	533,292	550,593
*	Metropolitan West Asset Management	MF-1815	2,302	2,293
*	Mainstay	MF-1964	0	0
*	Vanguard	MF-2065	436	471
*	Vanguard	MF-2070	436	469
*	JP Morgan	MF-2127	44,430	47,627
*	PRIMECAP Odyssey Funds	MF-2257	75	81
*	Vanguard	MF-469	648	689
*	Vanguard	MF-622	40,968	42,112
*	Vanguard	MF-623	24,511	25,150
*	Vanguard	MF-626	0	0
*	Vanguard	MF-628	20,703	21,309
*	T. Rowe Price	MF-755	577,721	559,599
*	Oppenheimer	MF-D5	145,753	139,876
*	JP Morgan	MF-ZJ	6,365	6,442
		Outside Fund	1,065,640	1,091,428
*	Gateway Fund	Outside Fund	0	76,734
*	Yackman Fund	Outside Fund	0	119,401
*	PIMCO All Asset Fund	Outside Fund	0	76,825
*	Oakmark International Fund	Outside Fund	0	140,707
*	ClearBridge Small Growth Fund	Outside Fund	0	32,515
*	JPMorgan Value Advantage Fund	Outside Fund	0	108,549
*	BlackRock High Yield Bond Fund	Outside Fund	0	32,955
*	TCW Emerging Markets Income Fund	Outside Fund	0	21,985
*	DoubleLine Total Return Bond Fund	Outside Fund	0	21,938
*	PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	65,475
*	T. Rowe Price Capital Appreciation	Outside Fund	0	87,247
*	Oppenheimer International Growth Fu	Outside Fund	0	141,360
*	Prudential Short-Term Corporate Bon	Outside Fund	0	33,025
*	Virtus Emerging Markets Opportuniti	Outside Fund	0	132,248
*	Outside Fund - Miscellaneous	Outside Fund	0	467
		Outside Fund	17,702,253	18,137,304



* Gateway Fund	Outside Fund	0	724,880
* SAGIC (61267)	Outside Fund	0	2,727,915
* Yackman Fund	Outside Fund	0	1,076,851
* PIMCO Income Fund	Outside Fund	0	916,793
* PIMCO All Asset Fund	Outside Fund	0	725,748
* Oakmark International Fund	Outside Fund	0	1,073,538
* Templeton Global Bond Fund	Outside Fund	0	728,501
* JPMorgan Value Advantage Fund	Outside Fund	0	1,435,565
* BlackRock High Yield Bond Fund	Outside Fund	0	726,405
* TCW Emerging Markets Income Fund	Outside Fund	0	545,177
* DoubleLine Total Return Bond Fund	Outside Fund	0	1,269,353
* PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	541,187
* T. Rowe Price Capital Appreciation	Outside Fund	0	721,154
* Lord Abbett Short Duration Income F	Outside Fund	0	1,636,485
* Oppenheimer International Growth Fu	Outside Fund	0	898,781
* Prudential Short-Term Corporate Bon	Outside Fund	0	1,819,922
* Virtus Emerging Markets Opportuniti	Outside Fund	0	546,575
* Outside Fund - Miscellaneous	Outside Fund	0	22,677
	Outside Fund	4,391,554	4,487,275
* Gateway Fund	Outside Fund	0	224,728
* SAGIC (61267)	Outside Fund	0	451,045
* Yackman Fund	Outside Fund	0	400,543
* PIMCO Income Fund	Outside Fund	0	181,901
* PIMCO All Asset Fund	Outside Fund	0	224,997
* Oakmark International Fund	Outside Fund	0	488,128
* Templeton Global Bond Fund	Outside Fund	0	180,680
* ClearBridge Small Growth Fund	Outside Fund	0	88,871
* JPMorgan Value Advantage Fund	Outside Fund	0	311,539
* BlackRock High Yield Bond Fund	Outside Fund	0	180,160
* TCW Emerging Markets Income Fund	Outside Fund	0	90,142
* DoubleLine Total Return Bond Fund	Outside Fund	0	89,948
* PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	134,223
* T. Rowe Price Capital Appreciation	Outside Fund	0	223,574
* Oppenheimer International Growth Fu	Outside Fund	0	445,820
* Prudential Short-Term Corporate Bon	Outside Fund	0	361,086
* Virtus Emerging Markets Opportuniti	Outside Fund	0	406,679
* Outside Fund - Miscellaneous	Outside Fund	0	3,200
Participant Loans	3.250000 - 3.250000	0	148,890



A Name of Plan Northern Ohio Profit Sharing Plan		B Three-digit Plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Lake Erie Construction Company		D Employer Identification Number 341262474

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (Include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current Value of asset on transaction date	(i) Net gain or (loss)
MassMutual	Outside Funds	4,066,954	0	0	0	0	0	0
	Outside Funds	18,323,313	0	0	0	0	0	0

**SCHEDULE H
FORM 5500**

FINANCIAL SCHEDULES

2014

Plan: NORTHERN OHIO PROFIT SHARING PLAN AND TRUST

Plan # 001

Sponsor: LAKE ERIE CONSTRUCTION COMPANY

Employer ID # 34-1262474

Schedule of Reportable Transactions - Line 4j

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred w/ transaction	(g) Cost of asset	(h) Current value of asset on trans. date	(i) Net gain or (loss)
TD AMERI-TRADE	CASH/MONEY MARKET AGGREGATE WITHDRAWALS AGGREGATE DEPOSITS	N/A N/A	24,215,157 N/A	N/A N/A	N/A N/A	24,215,157 N/A	24,215,157 N/A	0 N/A
TD AMERI-TRADE	DOUBLELINE TOTAL RETURN BOND I AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	2,828,801 N/A	N/A N/A	N/A N/A	2,750,087 N/A	2,828,801 N/A	78,714 N/A
TD AMERI-TRADE	FPA CRESCENT PORTFOLIO AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	2,653,949 N/A	N/A N/A	N/A N/A	2,612,729 N/A	2,653,949 N/A	41,220 N/A
TD AMERI-TRADE	T ROWE PRICE CAPITAL APPRECIATION AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	3,480,352 N/A	N/A N/A	N/A N/A	3,381,565 N/A	3,480,352 N/A	98,787 N/A
TD AMERI-TRADE	VANGUARD WELLINGTON FUND AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	2,315,692 N/A	N/A N/A	N/A N/A	2,275,526 N/A	2,315,692 N/A	40,166 N/A
TD AMERI-TRADE	VANGUARD ST BOND INDEX FUND AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	4,121,213 N/A	N/A N/A	N/A N/A	4,100,440 N/A	4,121,213 N/A	20,773 N/A
TD AMERI-TRADE	YACKTMAN FOCUSED FUND AGGREGATE SALES AGGREGATE PURCHASES	N/A N/A	2,269,221 N/A	N/A N/A	N/A N/A	2,281,012 N/A	2,269,221 N/A	(11,791) N/A



A Name of Plan Northern Ohio Profit Sharing Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Lake Erie Construction Company	D Employer Identification Number 341262474

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
AMG Funds	061555943		MassMutual provided the Plan with the required written disclosure for Management Fees received by AMG Funds with respect to AMG Yacktmann Fund (MF-1743) which is a component of Aggressive Growth Portfolio (OF 40848).
AMG Funds	061555943		MassMutual provided the Plan with the required written disclosure for Management Fees received by AMG Funds with respect to AMG Yacktmann Fund (MF-1743) which is a component of Conservative Risk Portfolio (OF 40846).
AMG Funds	061555943		MassMutual provided the Plan with the required written disclosure for Management Fees received by AMG Funds with respect to AMG Yacktmann Fund (MF-1743) which is a component of Moderate Risk portfolio (OF 40847).
AMG Funds	061555943		MassMutual provided the Plan with the required written disclosure for Management Fees received by AMG Funds with respect to AMG Yacktmann Fund (MF-1743).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Aggressive Growth Portfolio (OF 40848).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Conservative Risk Portfolio (OF 40846).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Moderate Risk portfolio (OF 40847).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock High Yield Bond Fund (MF-1270).
DoubleLine Funds	391982827		MassMutual provided the plan with the required written disclosure for Management Fees received by DoubleLine Funds with respect to DoubleLine Total Return Bond Fund which is a component of Aggressive Growth Portfolio.
DoubleLine Funds	391982827		MassMutual provided the plan with the required written disclosure for Management Fees received by DoubleLine Funds with respect to DoubleLine Total Return Bond Fund which is a component of Conservative Risk Portfolio.
DoubleLine Funds	391982827		MassMutual provided the plan with the required written disclosure for Management Fees received by DoubleLine Funds with respect to DoubleLine Total Return Bond Fund which is a component of Moderate Risk portfolio.
Eaton Vance	043101341		MassMutual provided the Plan with the required written disclosure for Management Fees received by Eaton Vance with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Aggressive Growth Portfolio (OF 40848).
Eaton Vance	043101341		MassMutual provided the Plan with the required written disclosure for Management Fees received by Eaton Vance with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Conservative Risk Portfolio (OF 40846).
Eaton Vance	043101341		MassMutual provided the Plan with the required written disclosure for Management Fees received by Eaton Vance with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Moderate Risk portfolio (OF 40847).
Franklin/Templeton	596865210		MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Templeton Global Bond Fund (MF-1272) which is a component of Aggressive Growth Portfolio (OF 40848).
Franklin/Templeton	596865210		MassMutual provided the Plan with the required written disclosure for Management Fees

Franklin/Templeton	596865210	received by Franklin/Templeton with respect to Templeton Global Bond Fund (MF-1272) which is a component of Conservative Risk Portfolio (OF 40846). MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Templeton Global Bond Fund (MF-1272) which is a component of Moderate Risk portfolio (OF 40847).
Franklin/Templeton	596865210	MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Templeton Global Bond Fund (MF-1272). MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Aggressive Growth Portfolio (OF 40848).
Ivy Funds	481112076	MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Conservative Risk Portfolio (OF 40846).
Ivy Funds	481112076	MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Moderate Risk portfolio (OF 40847).
Ivy Funds	481112076	MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to Ivy Mid Cap Growth Fund (MF-1665).
Ivy Funds	481112076	MassMutual provided the Plan with the required written disclosure for Management Fees received by John Hancock with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Aggressive Growth Portfolio (OF 40848).
John Hancock	043279774	MassMutual provided the Plan with the required written disclosure for Management Fees received by John Hancock with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Conservative Risk Portfolio (OF 40846).
John Hancock	043279774	MassMutual provided the Plan with the required written disclosure for Management Fees received by John Hancock with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Moderate Risk portfolio (OF 40847).
John Hancock	043279774	MassMutual provided the Plan with the required written disclosure for Management Fees received by John Hancock with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481).
JP Morgan	134161079	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Equity Income Fund (MF-2127).
JP Morgan	202175919	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Aggressive Growth Portfolio (OF 40848).
JP Morgan	202175919	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Conservative Risk Portfolio (OF 40846).
JP Morgan	202175919	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Moderate Risk portfolio (OF 40847).
JP Morgan	263613641	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Aggressive Growth Portfolio (OF 40848).
JP Morgan	263613641	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Conservative Risk Portfolio (OF 40846).
JP Morgan	263613641	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Moderate Risk portfolio (OF 40847).
JP Morgan	263613641	MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Value Fund (MF-ZJ).
Legg Mason	521200960	MassMutual provided the Plan with the required written disclosure for Management Fees received by Legg Mason with respect to ClearBridge Small Cap Growth Fund (MF-1635) which is a component of Aggressive Growth Portfolio (OF 40848).
Legg Mason	521200960	MassMutual provided the Plan with the required written disclosure for Management Fees received by Legg Mason with respect to ClearBridge Small Cap Growth Fund (MF-1635).

Legg Mason	521200960	which is a component of Conservative Risk Portfolio (OF 40846). MassMutual provided the Plan with the required written disclosure for Management Fees received by Legg Mason with respect to ClearBridge Small Cap Growth Fund (MF-1635) which is a component of Moderate Risk portfolio (OF 40847).
Legg Mason	521200960	MassMutual provided the Plan with the required written disclosure for Management Fees received by Legg Mason with respect to ClearBridge Small Cap Growth Fund (MF-1635).
Mainstay	522206685	MassMutual provided the Plan with the required written disclosure for Management Fees received by Mainstay with respect to Mainstay MarketField Fund (MF-1964) which is a component of Aggressive Growth Portfolio (OF 40848).
Mainstay	522206685	MassMutual provided the Plan with the required written disclosure for Management Fees received by Mainstay with respect to Mainstay MarketField Fund (MF-1964) which is a component of Conservative Risk Portfolio (OF 40846).
Mainstay	522206685	MassMutual provided the Plan with the required written disclosure for Management Fees received by Mainstay with respect to Mainstay MarketField Fund (MF-1964) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Gateway Fund (MF-1446) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Gateway Fund (MF-1446) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Gateway Fund (MF-1446) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mainstay MarketField Fund (MF-1964) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mainstay MarketField Fund (MF-1964) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mainstay MarketField Fund (MF-1964) which is a component of Moderate Risk portfolio (OF 40847).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mainstay MarketField Fund (MF-1964).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Metropolitan West Interm Bond Fd (MF-1815).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to MFS Growth Fund (MF-1115).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to SAGIC (61267) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to SAGIC (61267) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to SAGIC (61267) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Value Advantage Fund (MF-2024) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to PRIMECAP Odyssey Aggressive Gr Fd (MF-2257).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Aggressive Growth Portfolio (OF 40848).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to TCW Emerging Markets Income Fund (MF-1249).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (14 basis points * plan assets) with respect to Metropolitan West Interm Bond Fd (MF-1815).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to ClearBridge Small Cap Growth Fund (MF-1635) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to ClearBridge Small Cap Growth Fund (MF-1635) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to ClearBridge Small Cap Growth Fund (MF-1635) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to ClearBridge Small Cap Growth Fund (MF-1635).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Mainstay MarketField Fund (MF-1964) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Mainstay MarketField Fund (MF-1964) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Mainstay MarketField Fund (MF-1964) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Mainstay MarketField Fund (MF-1964).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Capital Apprec Fd (MF-755).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to AMG Yacktman Fund (MF-1743) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to AMG Yacktman Fund (MF-1743) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to AMG Yacktman Fund (MF-1743) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to AMG Yacktman Fund (MF-1743).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Aggressive Growth Portfolio (OF 40848).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to BlackRock High Yield Bond Fund (MF-1270) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to BlackRock High Yield Bond Fund (MF-1270).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Eaton Vance Floating Rate Fund (MF-1093) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Ivy Mid Cap Growth Fund (MF-1665) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Ivy Mid Cap Growth Fund (MF-1665).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Equity Income Fund (MF-2127).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Small Cap Value Fund (MF-ZJ) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Small Cap Value Fund (MF-ZJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to MFS Growth Fund (MF-1115).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Oakmark International Fund (MF-137) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Oakmark International Fund (MF-137) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Oakmark International Fund (MF-137) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Oakmark International Fund (MF-137).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which is a component of Aggressive Growth Portfolio (OF 40848).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Short-Term Corp Bd Fd (MF-1091).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Templeton Global Bond Fund (MF-1272) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Templeton Global Bond Fund (MF-1272) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Templeton Global Bond Fund (MF-1272) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Templeton Global Bond Fund (MF-1272).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Gateway Fund (MF-1446) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Gateway Fund (MF-1446) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Gateway Fund (MF-1446) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Gateway Fund (MF-1446).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Moderate Risk portfolio (OF 40847).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer International Gr Fund (MF-D5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Wrap Fees of (5 basis points * plan assets) with respect to SAGIC (61267) which is a component of Aggressive Growth Portfolio (OF 40848).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Wrap Fees of (5 basis points * plan assets) with respect to SAGIC (61267) which is a component of Conservative Risk Portfolio (OF 40846).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Wrap Fees of (5 basis points * plan assets) with respect

Company			to SAGIC (61267) which is a component of Moderate Risk portfolio (OF 40847).
Metropolitan West Asset Management	954597302		MassMutual provided the Plan with the required written disclosure for Management Fees received by Metropolitan West Asset Management with respect to Metropolitan West Intern Bond Fd (MF-1815).
MFS Investment Management	043158862		MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS Investment Management with respect to MFS Growth Fund (MF-1115).
Natixis Funds	043200027		MassMutual provided the Plan with the required written disclosure for Management Fees received by Natixis Funds with respect to Gateway Fund (MF-1446) which is a component of Aggressive Growth Portfolio (OF 40848).
Natixis Funds	043200027		MassMutual provided the Plan with the required written disclosure for Management Fees received by Natixis Funds with respect to Gateway Fund (MF-1446) which is a component of Conservative Risk Portfolio (OF 40846).
Natixis Funds	043200027		MassMutual provided the Plan with the required written disclosure for Management Fees received by Natixis Funds with respect to Gateway Fund (MF-1446) which is a component of Moderate Risk portfolio (OF 40847).
Natixis Funds	043200027		MassMutual provided the Plan with the required written disclosure for Management Fees received by Natixis Funds with respect to Gateway Fund (MF-1446).
Oakmark	043276558		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark International Fund (MF-137) which is a component of Aggressive Growth Portfolio (OF 40848).
Oakmark	043276558		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark International Fund (MF-137) which is a component of Conservative Risk Portfolio (OF 40846).
Oakmark	043276558		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark International Fund (MF-137) which is a component of Moderate Risk portfolio (OF 40847).
Oakmark	043276558		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark International Fund (MF-137).
Oppenheimer	133867060		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Aggressive Growth Portfolio (OF 40848).
Oppenheimer	133867060		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Conservative Risk Portfolio (OF 40846).
Oppenheimer	133867060		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Gr Fund (MF-D5) which is a component of Moderate Risk portfolio (OF 40847).
Oppenheimer	133867060		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Gr Fund (MF-D5).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO All Asset Fund (MF-1735) which is a component of Aggressive Growth Portfolio (OF 40848).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO All Asset Fund (MF-1735) which is a component of Conservative Risk Portfolio (OF 40846).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO All Asset Fund (MF-1735) which is a component of Moderate Risk portfolio (OF 40847).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO All Asset Fund (MF-1735).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Income Fund (MF-1712).
PRIMECAP Odyssey Funds	953868081		MassMutual provided the Plan with the required written disclosure for Management Fees received by PRIMECAP Odyssey Funds with respect to PRIMECAP Odyssey Aggressive Gr Fd (MF-2257).
Prudential	133468311		MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which

Prudential	133468311	is a component of Aggressive Growth Portfolio (OF 40848). MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which is a component of Conservative Risk Portfolio (OF 40846).
Prudential	133468311	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Short-Term Corp Bd Fd (MF-1091) which is a component of Moderate Risk portfolio (OF 40847).
Prudential	133468311	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Short-Term Corp Bd Fd (MF-1091).
T. Rowe Price	521465786	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Aggressive Growth Portfolio (OF 40848).
T. Rowe Price	521465786	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Conservative Risk Portfolio (OF 40846).
T. Rowe Price	521465786	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Capital Apprec Fd (MF-755) which is a component of Moderate Risk portfolio (OF 40847).
T. Rowe Price	521465786	MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Capital Apprec Fd (MF-755).
TCW Group	527656007	MassMutual provided the Plan with the required written disclosure for Management Fees received by TCW Group with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Aggressive Growth Portfolio (OF 40848).
TCW Group	527656007	MassMutual provided the Plan with the required written disclosure for Management Fees received by TCW Group with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Conservative Risk Portfolio (OF 40846).
TCW Group	527656007	MassMutual provided the Plan with the required written disclosure for Management Fees received by TCW Group with respect to TCW Emerging Markets Income Fund (MF-1249) which is a component of Moderate Risk portfolio (OF 40847).
TCW Group	527656007	MassMutual provided the Plan with the required written disclosure for Management Fees received by TCW Group with respect to TCW Emerging Markets Income Fund (MF-1249).
Vanguard	200147814	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement Incm Fd (MF-618).
Vanguard	204683839	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2010 Fd (MF-620).
Vanguard	204683964	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2020 Fd (MF-622).
Vanguard	204683985	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2030 Fd (MF-624).
Vanguard	204684039	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2040 Fd (MF-626).
Vanguard	204684087	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2050 Fd (MF-628).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard 500 Index Fund (MF-469).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Mid Cap Index Fund (MF-2070).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2015 Fd (MF-621).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2025 Fd (MF-623).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2035 Fd (MF-625).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2045 Fd (MF-627).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2055 Fd (MF-1283).

Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2060 Fd (MF-1403).
Vanguard	520794097	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Index Fund (MF-2065).
Virtus Mutual Funds	956981193	MassMutual provided the Plan with the required written disclosure for Management Fees received by Virtus Mutual Funds with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Aggressive Growth Portfolio (OF 40848).
Virtus Mutual Funds	956981193	MassMutual provided the Plan with the required written disclosure for Management Fees received by Virtus Mutual Funds with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Conservative Risk Portfolio (OF 40846).
Virtus Mutual Funds	956981193	MassMutual provided the Plan with the required written disclosure for Management Fees received by Virtus Mutual Funds with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526) which is a component of Moderate Risk portfolio (OF 40847).
Virtus Mutual Funds	956981193	MassMutual provided the Plan with the required written disclosure for Management Fees received by Virtus Mutual Funds with respect to Virtus Emrg Mrkts Opportunities Fd (MF-1526).

A Name of Plan Northern Ohio Profit Sharing Plan	B Three-digit Plan Number 1
C Plan sponsor's name as shown on line 2a of Form 5500 Lake Erie Construction Company	D Employer Identification Number 341262474

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current Value of asset on transaction date	(i) Net gain or (loss)
MassMutual	Outside Funds	4,066,954	0	0	0	0	0	0
	Outside Funds	18,323,313	0	0	0	0	0	0

A Name of Plan Northern Ohio Profit Sharing Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Lake Erie Construction Company	D Employer Identification Number 341262474

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	585,932	585,932
*	MassMutual Premier	Holding Account - MF-G	0	226
*	MFS Investment Management	MF-1115	4,336	4,378
*	TCW Group	MF-1249	66,594	61,573
*	BlackRock	MF-1270	2,975	2,829
*	Franklin/Templeton	MF-1272	75	70
*	Oakmark	MF-137	195,216	179,886
*	John Hancock	MF-1481	22,017	23,457
*	Virtus Mutual Funds	MF-1526	1,646	1,596
*	Legg Mason	MF-1635	2,864	2,762
*	Ivy Funds	MF-1665	0	0
*	Managers Funds	MF-1743	533,292	550,593
*	Metropolitan West Asset Management	MF-1815	2,302	2,293
*	Mainstay	MF-1964	0	0
*	Vanguard	MF-2065	436	471
*	Vanguard	MF-2070	436	469
*	JP Morgan	MF-2127	44,430	47,627
*	PRIMECAP Odyssey Funds	MF-2257	75	81
*	Vanguard	MF-469	648	689
*	Vanguard	MF-622	40,968	42,112
*	Vanguard	MF-623	24,511	25,150
*	Vanguard	MF-626	0	0
*	Vanguard	MF-628	20,703	21,309
*	T. Rowe Price	MF-755	577,721	559,599
*	Oppenheimer	MF-D5	145,753	139,876
*	JP Morgan	MF-ZJ	6,365	6,442
		Outside Fund	1,065,640	1,091,428
*	Gateway Fund	Outside Fund	0	76,734
*	Yacktman Fund	Outside Fund	0	119,401
*	PIMCO All Asset Fund	Outside Fund	0	76,825
*	Oakmark International Fund	Outside Fund	0	140,707
*	ClearBridge Small Growth Fund	Outside Fund	0	32,515
*	JPMorgan Value Advantage Fund	Outside Fund	0	108,549
*	BlackRock High Yield Bond Fund	Outside Fund	0	32,955
*	TCW Emerging Markets Income Fund	Outside Fund	0	21,985
*	DoubleLine Total Return Bond Fund	Outside Fund	0	21,938
*	PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	65,475
*	T. Rowe Price Capital Appreciation	Outside Fund	0	87,247
*	Oppenheimer International Growth Fu	Outside Fund	0	141,360
*	Prudential Short-Term Corporate Bon	Outside Fund	0	33,025
*	Virtus Emerging Markets Opportuniti	Outside Fund	0	132,246
*	Outside Fund - Miscellaneous	Outside Fund	0	467
		Outside Fund	17,702,253	18,137,304

Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates, 1295 State Street, Springfield, MA 01111

RS-04787-02

Schedule of Assets Held for Investment Purposes attachment to Form 5500 Schedule H for the period of: 01/01/2014 - 12/31/2014

MR 61267 - 1

*	Gateway Fund	Outside Fund	0	724,880
*	SAGIC (61267)	Outside Fund	0	2,727,915
*	Yacktman Fund	Outside Fund	0	1,076,651
*	PIMCO Income Fund	Outside Fund	0	916,793
*	PIMCO All Asset Fund	Outside Fund	0	725,748
*	Oakmark International Fund	Outside Fund	0	1,073,536
*	Templeton Global Bond Fund	Outside Fund	0	728,501
*	JPMorgan Value Advantage Fund	Outside Fund	0	1,435,565
*	BlackRock High Yield Bond Fund	Outside Fund	0	726,405
*	TCW Emerging Markets Income Fund	Outside Fund	0	545,177
*	DoubleLine Total Return Bond Fund	Outside Fund	0	1,269,353
*	PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	541,187
*	T. Rowe Price Capital Appreciation	Outside Fund	0	721,154
*	Lord Abbett Short Duration Income F	Outside Fund	0	1,636,485
*	Oppenheimer International Growth Fu	Outside Fund	0	898,781
*	Prudential Short-Term Corporate Bon	Outside Fund	0	1,819,922
*	Virtus Emerging Markets Opportuniti	Outside Fund	0	546,575
*	Outside Fund - Miscellaneous	Outside Fund	0	22,677
		Outside Fund	4,391,554	4,487,275
*	Gateway Fund	Outside Fund	0	224,728
*	SAGIC (61267)	Outside Fund	0	451,045
*	Yacktman Fund	Outside Fund	0	400,543
*	PIMCO Income Fund	Outside Fund	0	181,901
*	PIMCO All Asset Fund	Outside Fund	0	224,997
*	Oakmark International Fund	Outside Fund	0	488,128
*	Templeton Global Bond Fund	Outside Fund	0	180,680
*	ClearBridge Small Growth Fund	Outside Fund	0	88,871
*	JPMorgan Value Advantage Fund	Outside Fund	0	311,539
*	BlackRock High Yield Bond Fund	Outside Fund	0	180,160
*	TCW Emerging Markets Income Fund	Outside Fund	0	90,142
*	DoubleLine Total Return Bond Fund	Outside Fund	0	89,948
*	PRIMECAP Odyssey Aggressive Growth	Outside Fund	0	134,223
*	T. Rowe Price Capital Appreciation	Outside Fund	0	223,574
*	Oppenheimer International Growth Fu	Outside Fund	0	445,820
*	Prudential Short-Term Corporate Bon	Outside Fund	0	361,096
*	Virtus Emerging Markets Opportuniti	Outside Fund	0	406,679
*	Outside Fund - Miscellaneous	Outside Fund	0	3,200
	Participant Loans	3.250000 - 3.250000	0	148,890



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.