

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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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 TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE PROFESSIONAL AND TECHNICAL EMPLOYEES INTERNATIONAL UNION LOCAL NO 1 PENSION FUND	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	09/06/1963
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1 2635 PAYNE CLEVELAND, OH 44114	2b Employer Identification Number (EIN) 34-6605342	
	2c Plan Sponsor's telephone number	216-621-5164
	2d Business code (see instructions)	812320

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	ANTHONY ROCKMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) ARLENE B STEUER ATTORNEY AT LAW 1648 WESTHILL BLVD WESTLAKE, OH 44145			Preparer's telephone number (optional) 440-871-3700

3a Plan administrator's name and address ☐ Same as Plan Sponsor TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1 2020 CARNEGIE AVENUE CLEVELAND, OH 44115	3b Administrator's EIN 34-6605342 3c Administrator's telephone number 216-621-5044
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1140
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) 67
a(2) Total number of active participants at the end of the plan year	6a(2) 64
b Retired or separated participants receiving benefits	6b 461
c Other retired or separated participants entitled to future benefits.....	6c 557
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1082
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 3
f Total. Add lines 6d and 6e	6f 1085
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE PROFESSIONAL AND TECHNICAL EMPLOYEES INTERNATIONAL UNION LOCAL NO 1 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1	D Employer Identification Number (EIN) 34-6605342

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2014

b Assets

(1) Current value of assets	1b(1)	809180
(2) Actuarial value of assets for funding standard account.....	1b(2)	809180
c (1) Accrued liability for plan using immediate gain methods	1c(1)	11786921
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	11786921
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	11786921
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	33207
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	698734
(3) Expected plan disbursements for the plan year	1d(3)	929734

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	10/08/2015
Signature of actuary	Date
TOM CLIFFEL, FSA, EA, MAAA	14-06012
Type or print name of actuary	Most recent enrollment number
HORIZON ACTUALIAL SERVICES LLC	678-317-4162
Firm name	Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 600, INDEPENDENCE, OH 44131	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2014
v. 140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	809180
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	464	5148089
(2) For terminated vested participants	597	6085950
(3) For active participants:		
(a) Non-vested benefits		32074
(b) Vested benefits		520808
(c) Total active	58	552882
(4) Total	1119	11786921
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	6.87 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/15/2014	25201		06/15/2014	3100	
11/15/2014	16245		05/15/2014	19525	
10/15/2014	10700		04/15/2014	8860	
09/15/2014	4850		03/15/2014	19105	
08/15/2014	21615		02/15/2014	4050	
07/15/2014	8740		01/15/2014	9180	
Totals ▶			3(b)	151171	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	6.9 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☒ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date.....	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	2015

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Reorganization
j ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?		☐ Yes ☒ No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5n	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.64 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		

(1) Males.....	6c(1)		9		9
(2) Females	6c(2)		9		9
d Valuation liability interest rate.....	6d		3.64%		3.64 %
e Expense loading	6e	87.4%	☐ N/A	%	☒ N/A
f Salary scale	6f	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g				19.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h				19.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	4375820	370247
1	-228165	-19305

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.....	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any.....	9a	5017416
b Employer's normal cost for plan year as of valuation date.....	9b	264207
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	8030261
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	224731
e Total charges. Add lines 9a through 9d.....	9e	6398663
Credits to funding standard account:		
f Prior year credit balance, if any	9f	0
g Employer contributions. Total from column (b) of line 3	9g	151171
h Amortization credits as of valuation date.....	9h	2069936
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	10850
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	11651155

(2) "RPA '94" override (90% current liability FFL)	9j(2)	10497262	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		393645
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		6005018

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2014 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... **10** 6005018

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☒ Yes ☐ No

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 TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE PROFESSIONAL AND TECHNICAL EMPLOYEES INTERNATIONAL UNION LOCAL NO 1 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1	D Employer Identification Number (EIN) 34-6605342

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
5/3 BANK RETIREMENT SERVICES 36 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263
31-1051736

(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)

TEXTILE PROCESSORS LOCAL 1

PAINE AVE
CLEVELAND, OH 44114

34-0308368

(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?
13	LOCAL UNION	84437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

ARLENE B STEUER

1648 WESTHILL BLVD
WESTLAKE, OH 44145

34-0780041

(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?
29	PROFESSIONAL	11000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

COZZA AND STEUER

1648 WESTHILL BLVD
WESTLAKE, OH 44145

34-0780041

(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?
	PROFESSIONAL	11000	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)

GOLDSTEIN & GRAGEL

1111 SUPERIOR AVE EAST
SUITE 620
CLEVELAND, OH 44114

26-3575398

(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?
29	PROFESSIONAL	6138	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

HORIZON ACTUARIAL SERVICES LLC

5005 ROCKSIDE ROAD SUITE 600
INDEPENDENCE, OH 44131

26-1370698

(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?
11	PROFESSIONAL	50824	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE
CINCINNATI, OH 45263

31-1051736

(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?
28	PROFESSIONAL	5285	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE PROFESSIONAL AND TECHNICAL EMPLOYEES INTERNATIONAL UNION LOCAL NO 1 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1	D Employer Identification Number (EIN) 34-6605342

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		88857
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	218002	97309
(2) U.S. Government securities	1c(2)	1135	382
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	106715	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	325733	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	159078	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	489	196
f Total assets (add all amounts in lines 1a through 1e)	1f	811152	186744

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1972	1972
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1972	1972

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	809180	184772
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	131994	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	10241	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		142235
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	879	
(B) U.S. Government securities	2b(1)(B)	41	
(C) Corporate debt instruments	2b(1)(C)	1114	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	23587	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25621
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6206	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6206
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	865269	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	648562	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		216707
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-198776	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-198776

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		191993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	583681	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		583681
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	78961	
(2) Contract administrator fees.....	2i(2)	84437	
(3) Investment advisory and management fees.....	2i(3)	5285	
(4) Other.....	2i(4)	64037	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		232720
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		816401

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-624408
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:

(2) EIN:

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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE PROFESSIONAL AND TECHNICAL EMPLOYEES INTERNATIONAL UNION LOCAL NO 1 PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXTILE PROCESSORS SERVICE TRADES HEALTH CARE LOCAL NO 1				D Employer Identification Number (EIN) 34-6605342	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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	6005018
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	65760
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	5939258
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 BOARDMAN MOLDED PRODUCTS

b EIN 34-1251137

c Dollar amount contributed by employer

11970

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 11 Day 01 Year 2011

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) 70.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer COYNE TEXTILE

b EIN 34-1261376

c Dollar amount contributed by employer

46440

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 07 Day 31 Year 2016

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) 70.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer DOUBLE TREE

b EIN 30-8727211

c Dollar amount contributed by employer

7350

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 10 Day 15 Year 2015

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) 70.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

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: 100.0%
- 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): _____

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Textile Processors Service Trades Health Care Professional Local No. 1	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Textile Processors Service Trades Health Care Local No. 1	D Employer Identification Number (EIN) 34-6605342

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2014**b** Assets

(1) Current value of assets.....	1b(1)	809,180
(2) Actuarial value of assets for funding standard account.....	1b(2)	809,180
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	11,786,921
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	11,786,921
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	11,786,921
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	33,207
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	698,734
(3) Expected plan disbursements for the plan year.....	1d(3)	929,734

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

Tom Cliffl, FSA, EA, MAAA

Type or print name of actuary

Horizon Actuarial Services, LLC

5005 Rockside Road

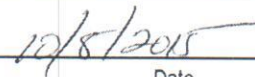
Suite 600

Independence

Firm name

OH 44131

Address of the firm



Date

14-06012

Most recent enrollment number

(678) 317-4162

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2014
v. 140124

SCHEDULE MB ATTACHMENTS

Schedule MB - Statement by Enrolled Actuary

EIN/Plan Number: 34-6605342/001

Plan Sponsor Textile Processors Service Trades Health Care Local No. 1

Plan Name The Textile Processors, Service Trades, Health Care, Professional and Technical Employees International Union Local No. 1 Pension Fund

Valuation Date January 1, 2014

Enrolled Actuary Tom Cliffl

Enrollment Number 14-06012

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant and financial data furnished by the plan administrator and the auditor respectively. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan auditor.

The Plan continues to have a funding deficiency. The Plan is in critical status and adopted a rehabilitation plan designed to forestall insolvency. Since that time, employers have withdrawn with the result that the plan is not making scheduled progress under its rehabilitation plan. The Plan, as of the beginning of the 2014 plan year is expected to become insolvent in the first quarter of 2015. Since that time, the Plan received a lump sum withdrawal liability settlement which has pushed out the expected insolvency date.

SCHEDULE MB ATTACHMENTS

Schedule MB - Statement by Enrolled Actuary

EIN/Plan Number: 34-6605342/001

Attached as separate exhibits are:

1. An explanation of timing of contributions under Line 3b.
2. A copy of the actuarial certification of status, as required under Line 4a.
3. Documentation regarding progress under Funding Improvement or Rehabilitation Plan, as required under Line 4c.
4. A statement of actuarial assumptions/methods, as required under Line 6.
5. A summary of principal eligibility and benefit provisions, as required under Line 6.
6. A schedule of the active plan participant data used in the valuation for 2014 plan year, as required under Line 8b.
7. A schedule of amortization bases, as required under Lines 9c and 9h.
8. A schedule justifying changes in actuarial assumptions.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions As of January 1, 2014

EIN/Plan Number: 34-6605342/001

Changes in Assumptions Since the prior valuation, the following assumptions have been changed:

- The valuation interest rate was decreased from 7.50% to 3.64%.
- The non-disabled mortality assumption for Actuarial Accrued Liability was changed from the RP-2000 Combined Mortality Table for males and females, with blue collar adjustment, with no future improvement in mortality rates beyond any included in the published table, to the mortality tables prescribed by the Pension Protection Act of 2006.
- The disabled mortality assumption for Actuarial Accrued Liability was changed from the RP-2000 Disabled Mortality Table for males and females, with no future improvement in mortality rates beyond any included in the published table, to the mortality tables prescribed by the Pension Protection Act of 2006.
- The Current Liability interest rate was decreased from 3.78% to 3.64%, in accordance with the change in the IRS prescribed rates.
- The Current Liability mortality table was also updated as required.

**Justification for
Changes in Assumptions
and Methods**

The valuation interest rate and mortality assumption changes for actuarial accrued liability were updated to better reflect the actual experience of the plan.

The operating expense assumption was updated to reflect actual expenses paid in the prior year.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status

EIN/Plan Number: 34-6605342/001

As of January 1, 2014, the Plan has a funding deficiency and funded percentage of 6.8%.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status (cont.)

EIN/Plan Number: 34-6605342/001

Actuarial Certification of Plan Status

Plan Identification: The Textile Processors, Service Trades, Health Care, Professional and Technical Employees Local No. 1 Pension Plan
EIN/PN: 34-6605342/001
Plan Sponsor: Trustees of The Textile Processors, Service Trades, Health Care, Professional and Technical Employees Local No. 1 Pension Plan
2020 Carnegie Avenue
Cleveland, OH 44115
Plan Year: Beginning January 1, 2014 and ending December 31, 2014.
Certification Result: Critical status; Not making scheduled progress

This is the annual certification required under section 432 of the Internal Revenue Code (the "Code") for the above-named multiemployer pension plan (the "Plan") for the above-referenced plan year (the "Plan Year"). The Plan is in critical status for the Plan Year, as described in section 432(b) of the Code. Further, it is our understanding the Plan is not making scheduled progress in meeting the requirements of its adopted Rehabilitation Plan, based on information provided by the prior actuary. However, Horizon Actuarial Services, LLC does not have a full understanding of the rehabilitation plan and its benchmarks due to the retirement and resignation of the prior actuary and actuarial firm.

The determination of critical status was made based on actuarial projections of assets and liabilities for the current and succeeding plan years as described under section 432(b)(3)(B) of the Code. These projections do not show the Plan emerging from critical status, and show the Plan is expected to be insolvent in 2015 unless significant withdrawal liability assessments are collected. These projections are based on reasonable actuarial estimates, assumptions, and methods that represent my best estimate of anticipated experience under the Plan. The projection of liabilities is based on the participant census data, assumptions, and methods used in the January 1, 2012 actuarial valuation of the Plan.

In addition, with regard to the determination of future contributions used in any actuarial projection of Plan assets, this certification assumes reasonably anticipated employer contributions for the current and succeeding plan years, assuming that the terms of one or more collective bargaining agreements pursuant to which this plan is maintained for the current plan year continue in effect for succeeding plan years. The current unaudited value of assets is projected assuming no future investment gains or losses.

The Plan was originally certified in critical status for the plan year beginning January 1, 2008. The Plan Sponsor has determined, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, that the Plan cannot reasonably be expected to emerge from critical status by the end of the rehabilitation period. Therefore, as described in section 432(e)(3)(A)(ii) of the Code, the Rehabilitation Plan consists of actions to forestall possible insolvency. Horizon Actuarial Services, LLC has not received a copy of the original Rehabilitation Plan benchmarks, but our understanding is that the Plan has not been making scheduled progress for the last three years.


Thomas Cliffl, F.S.A., E.A., M.A.A.A.
Horizon Actuarial Services, LLC
5005 Rockside Road, Suite 600, Independence, OH 44131
Phone: (678) 317-4162
Enrollment Identification Number: 11-06012
Date: March 31, 2014

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Summary of Plan Provisions

<i>EIN/Plan Number:</i>	34-6605342/001
<i>Plan Sponsor</i>	Textile Processors Service Trades Health Care Local No. 1
<i>Effective Date</i>	Original Plan: September 1, 1976. Latest Restatement Effective Date: December 31, 2009. Most Recent Amendment Date: November 26, 2012.
<i>Plan Year</i>	A twelve-month period beginning January 1 st .
<i>Eligibility</i>	Union members covered under a CBA between employers and the Union which provides for periodic contributions to the Pension Fund.
<i>Service & Vesting</i>	1000 hours in a plan year results in one year of Credited Service. 100% vested with 5 years of Credited Service.
<i>Accrued Monthly Pension</i>	\$7.50 per month per year of Credited Service, up to a maximum of 35 years.
<i>Retirement Eligibility & Benefit</i>	Normal Retirement: Age 65 with 5 years of Credited Service. A monthly life annuity equal to the participant's accrued benefit Early Retirement: Age 60 with 10 years of Credited Service. A monthly life annuity equal to the Accrued Benefit reduced by .6% per month early. Disability Retirement: Age 55 with 10 years of Credited Service and totally and permanently disabled. Accrued benefit payable unreduced.
<i>Normal Form of Pension</i>	Life annuity

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Summary of Plan Provisions (cont.)

EIN/Plan Number: 34-6605342/001

***Pre-Retirement Death
Benefit***

The eligible spouse is entitled to a benefit commencing at the date the participant would have reached age 60 equal to 50% of what the participant would have been entitled to had he (a) survived to age 60 (or date of death if later) (b) elected to retire at that time, and (c) died immediately thereafter.

***Changes in Plan
Provisions Since Last
Actuarial Valuation***

There have been no changes in plan provisions since the prior valuation.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 8b – Schedule of Active Participant Data EIN/Plan Number: 34-6605342/001

Exhibit A.1 - Distribution of Active Participants

Measurement Date: January 1, 2014

[Form 5500 Sch. MB, Line 8b]

Age	Years of Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	1	-	-	-	-	-	-	-	-	-	1
25 - 29	-	-	-	-	-	-	-	-	-	-	-
30 - 34	-	5	-	-	-	-	-	-	-	-	5
35 - 39	-	1	2	-	-	-	-	-	-	-	3
40 - 44	1	3	-	-	1	1	-	-	-	-	6
45 - 49	-	3	1	1	2	-	-	-	-	-	7
50 - 54	2	3	-	2	3	2	1	-	-	-	13
55 - 59	-	1	2	7	1	1	2	-	-	-	14
60 - 64	-	1	3	-	1	2	-	-	2	-	9
65 - 69	-	-	-	-	-	-	-	-	-	-	-
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	4	17	8	10	8	6	3	-	2	-	58

Males	23
Females	35
Unknown	0
Total	58

Average Age	50.0
Average Service	11.4
Number Fully Vested	37
Number Partially Vested	0

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

EIN/Plan Number: 34-6605342/001

Plan Name The Textile Processors, Service Trades, Health Care Professional and Technical Employees International Union Local No. 1 Pension Fund

Plan Sponsor Textile Processors Service Trades Health Care Local No. 1

EIN / PN 34-6605342 / 001

Interest Rates 3.64% per annum, compounded annually, net of investment expense for determining costs and liabilities
3.64% per annum for determining Current Liability

Retirement Age Later of Age 65 or 5 years of Credited Service

Operating Expenses Expenses are assumed to be \$231,000, payable annually. Investment consulting fees are not included in assumed operating expenses.

Hours Worked For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

Active Participant For valuation purposes, an active participant is a participant who is a Union member and who is employed by a Participating Employer as of January 1, 2014.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (cont.)

EIN/Plan Number: 34-6605342/001

Non-Disabled Mortality *Participants and Beneficiaries:*

For determining the actuarial accrued liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality

For determining the actuarial accrued liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability Incidence

Table S-10 of the 11th Railroad Retirement Board Valuation (modified)

Illustrations of the annual probabilities of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Probabilities

Age	Probability
20	0.06%
25	0.06%
30	0.06%
35	0.08%
40	0.12%
45	0.23%
50	0.52%
55	1.07%
60	2.48%
65	3.00%

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (cont.)

EIN/Plan Number: 34-6605342/001

Withdrawal

Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages and length of service:

Representative Withdrawal Probabilities

Age	Completed Years of Service			
	0	1	2	3+
25	60.0%	35.0%	25.0%	20.0%
35	60.0%	35.0%	25.0%	6.8%
40	60.0%	35.0%	25.0%	6.0%
45	60.0%	35.0%	25.0%	5.0%
55	60.0%	35.0%	25.0%	1.2%

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

All participants are assumed to elect a Life Annuity.

Marriage

85% of active participants are assumed to be married.

Spouse Ages

Wives are assumed to be three years younger than husbands.

Cost Method

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (cont.)

EIN/Plan Number: 34-6605342/001

Asset Valuation Method The actuarial value of assets is determined as the cost value of any insurance company investments and the market value of all trust investments.

Participant Data Participant census data as of January 1, 2014 was provided by the Trustees and included all employees in the Eligible Class. We did not audit the data, but did compare it with the data used in the prior valuation and found it to be consistent.

Missing or Incomplete Participant Data Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information Financial information was supplied by the auditor, Cozza & Steuer. We did not audit the data, but did compare it with that used in the prior valuation and found it to be consistent.

Nature of Actuarial Calculations The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (cont.)

EIN/Plan Number: 34-6605342/001

Changes in Assumptions Since the prior valuation, the following assumptions have been changed:

- The valuation interest rate was decreased from 7.50% to 3.64%.
- The non-disabled mortality assumption for Actuarial Accrued Liability was changed from the RP-2000 Combined Mortality Table for males and females, with blue collar adjustment, with no future improvement in mortality rates beyond any included in the published table, to the mortality tables prescribed by the Pension Protection Act of 2006.
- The disabled mortality assumption for Actuarial Accrued Liability was changed from the RP-2000 Disabled Mortality Table for males and females, with no future improvement in mortality rates beyond any included in the published table, to the mortality tables prescribed by the Pension Protection Act of 2006.
- The Current Liability interest rate was decreased from 3.78% to 3.64%, in accordance with the change in the IRS prescribed rates.
- The Current Liability mortality table was also updated as required.

*Justification for
Changes in Assumptions
and Methods*

The valuation interest rate and mortality assumption changes for actuarial accrued liability were updated to better reflect the actual experience of the plan.

The operating expense assumption was updated to reflect actual expenses paid in the prior year.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.

SCHEDULE MB ATTACHMENTS

Schedule MB, Lines 9c and 9h – Schedule of Funding Account Bases as of January 1, 2014 EIN/Plan Number: 34-6605342/001

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2014 Period	Balance	Annual Payment
Amendment	1/1/1986	30.00	\$ 33,437	2.00	\$ 5,041	\$ 2,565
Assumption	1/1/1990	30.00	153,062	6.00	60,160	10,944
Amendment	1/1/1991	30.00	2,156,018	7.00	955,836	151,621
Assumption	1/1/1993	30.00	912,906	9.00	487,021	62,168
Amendment	1/1/1999	30.00	5,406	15.00	4,016	340
Exper Loss	1/1/2002	15.00	207,461	3.00	60,927	21,039
Exper Loss	1/1/2003	15.00	766,538	4.00	290,394	76,537
Exper Loss	1/1/2005	15.00	21,986	6.00	11,690	2,126
Exper Loss	1/1/2009	15.00	1,604,307	10.00	1,247,528	145,759
Exper Loss	1/1/2012	15.00	314,196	13.00	289,234	27,327
Assumption	1/1/2013	15.00	252,252	14.00	242,594	21,636
Assumption	1/1/2014	15.00	4,375,820	15.00	4,375,820	370,247
Total Charges					\$ 8,030,261	\$ 892,309

SCHEDULE MB ATTACHMENTS

Schedule MB, Lines 9c and 9h – Schedule of Funding Account Bases as of January 1, 2014 EIN/Plan Number: 34-6605342/001

Exhibit 4.2 - Funding Standard Account Amortization Bases (Cont.)

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2014		Annual Payment
				Period	Balance	
Assumption	1/1/1999	30.00	\$ 215,101	15.00	\$ 159,964	\$ 13,535
Assumption	1/1/2004	30.00	428,887	20.00	370,204	25,453
Exper Gain	1/1/2000	15.00	146,182	1.00	15,307	15,307
Exper Gain	1/1/2001	15.00	48,114	2.00	9,742	4,958
Exper Gain	1/1/2004	15.00	364,580	5.00	167,106	35,853
Exper Gain	1/1/2006	15.00	36,740	7.00	22,042	3,496
Exper Gain	1/1/2007	15.00	3,112	8.00	2,065	292
Exper Gain	1/1/2008	15.00	164,738	9.00	119,048	15,196
Exper Gain	1/1/2010	15.00	398,701	11.00	330,423	35,690
Exper Gain	1/1/2011	15.00	490,408	12.00	429,748	43,264
Exper Gain	1/1/2013	15.00	224,727	14.00	216,122	19,275
Exper Gain	1/1/2014	15.00	228,165	15.00	228,165	19,305
Total Credits					\$ 2,069,936	\$ 231,624
Net Total					\$ 5,960,325	\$ 660,685

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

EIN/Plan Number: 34-6605342/001

*Progress Under Funding
Improvement or
Rehabilitation Plan*

Plan is not making scheduled progress at forestalling insolvency due to continued withdrawals by contributing employers, resulting in a decline in expected contributions. The plan, in the absence of withdrawal liability assessments that may come in, as of the start of the 2014 plan year is currently expected to have depleted all assets by the first quarter of 2015.

At the time of the writing of this report, it is known that a lump sum withdrawal liability settlement has occurred.

SCHEDULE MB ATTACHMENTS

Schedule MB, Line 3b Explanation of Timing of Contributions

EIN/Plan Number: 34-6605342/001

*Timing of Employer and
Employee Contributions*

Employer contributions were made throughout the year and on multiple dates within each month. We have treated all contributions for a month as having been made on the 15th of the month.

TEXTILE PROCESSORS, SERVICE TRADES, HEALTH CARE,
PROFESSIONAL AND TECHNICAL EMPLOYEES LOCAL #1 PENSION FUND
SUPPLEMENTAL SCHEDULE A

#34-6605342
001

Form 5500

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)

	2014 COST	2014 MARKET	2013 COST	2013 MARKET
Cash Equivalents				
Fifth Third Bank	51,485.63	51,485.63	54,473.78	54,473.78
Ancora Securities *	<u>45,823.93</u>	<u>45,823.93</u>	<u>21,847.97</u>	<u>21,847.97</u>
	97,309.56	97,309.56	76,321.75	76,321.75
 Mutual Funds				
Ancora Equity Fund Class D			56,523.39	94,214.52
Ancora Income Fund Class D			<u>68,706.26</u>	<u>64,863.44</u>
			125,229.65	159,077.96
 Government Bonds				
FHLMC Multiple Class 5.5% 9/15/21	<u>459.39</u>	<u>381.81</u>	<u>1,179.51</u>	<u>1,134.76</u>
	459.39	381.81	1,179.51	1,134.76
 Corporate Bonds				
JPMorgan Chase & Co. 3.4% 6/24/15 *				
Cisco Systems Inc. 4.45% 1/15/20			54,125.00	54,533.50
General Electric Cap Corp 3.5% 6/29/15 *			<u>49,929.50</u>	<u>52,181.00</u>
			104,054.50	106,714.50
 SHS Common Stock				
220 Air Products & Chems,				
700 Bank of New York Mellon Corp			19,441.52	24,458.00
455 Centurytel Inc.				
350 CVS Caremark Corp.			10,723.75	25,049.50
500 Danaher Corp			17,807.50	38,600.00
1200 E M C Corp				
405 Ecolab, Inc.			15,477.56	42,229.35
260 Exxon Mobil Corp				
600 General MLS Inc			20,876.70	29,946.00
650 Gilead Sciences			14,991.99	48,815.00
885 Intel Corp				
600 Lowes Companies Inc.				
1000 Microsoft Corp.				
425 Omnicom Group Inc.			15,377.27	31,607.25
425 Philip Morris Intl, Inc.				
200 Phillips 66 Com				
250 Praxir Inc.			18,797.00	32,507.50
300 Schlumberger Ltd.				
525 Sysco Corp.				
1300 US Bankcorp Del			30,004.00	52,520.00
400 Verizon Communications				
320 Wal-Mart Stores Inc.				
			<u>163,497.29</u>	<u>325,732.60</u>
	97,768.95	97,691.37	470,282.70	668,981.57

TEXTILE PROCESSORS, SERVICE TRADES, HEALTH CARE,
PROFESSIONAL AND TECHNICAL EMPLOYEES LOCAL #1 PENSION FUND
SUPPLEMENTAL SCHEDULE B

2014

5500

#34-6605342
001

Schedule H, line 4j - Schedule of Reportable Transactions

(a)	(b)		(c) (g)	(d) (h)	(i)
Identity of party	Description of Asset		Purchase/Cost of Asset	Sell price/CV on Trans Date	GAIN (LOSS)
5/3 Bank	BANK OF NEW YORK MELLON CORP	700	19,441.52	24,079.46	4,637.94
5/3 Bank	CISCO SYSTEMS	50000	54,125.00	55,538.75	1,413.75
5/3 Bank	CVS/CAREMARK	260	10,723.75	25,049.66	14,325.91
5/3 Bank	DANAHER CORP	500	17,807.50	39,311.63	21,504.13
5/3 Bank	ECOLAB INC	650	15,477.56	44,848.70	29,371.14
5/3 Bank	FEDERATED ULTRA SHORT BD-INS	27,464	251,952.54	251,949.88	(2.66)
5/3 Bank	GENERAL ELECTRIC	600	20,876.70	32,984.27	12,107.57
5/3 Bank	GENERAL ELECTRIC CAP CORP	50000	49,929.50	51,661.00	1,731.50
5/3 Bank	GILEAD SCIENCES INC	650	14,991.99	52,640.01	37,648.02
5/3 Bank	OMNICOM GROUP INC	300	15,377.27	28,785.33	13,408.06
5/3 Bank	PRAXAIR INC	250	18,797.00	32,785.97	13,988.97
5/3 Bank	US BANKCORP	1300	30,004.00	52,051.48	22,047.48
Ancora Securities	ANCORA EQUITY FUND	6,488	56,523.39	101,666.91	45,143.52
Ancora Securities	ANCORA INCOME FUND	8,436	72,534.73	71,916.20	(618.53)
	TOTALS		648,562.45	865,269.25	216,706.80

TEXTILE PROCESSORS, SERVICE TRADES, HEALTH CARE,
PROFESSIONAL AND TECHNICAL EMPLOYEES LOCAL #1 PENSION FUND
SUPPLEMENTAL SCHEDULE B

5500

#34-6605342
001

2014