Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

45-25 39 ST
LONG ISLAND CITY, NY 11104

2b Employer Identification Number (EIN)
11-2445305

2c Plan Sponsor's telephone number
718-361-9888

2d Business code (see instructions)
337000

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.	01/22/2016	KATARZYNA BOLKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	126
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)**	114
a(2) Total number of active participants at the end of the plan year	**6a(2)**	116
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	129
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	129
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	56
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
S DONADIC INC	11-2445305

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADP, LLC

13-3036745

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

DEAWM DISTRIBUTORS, INC.

36-3976708

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

DELAWARE INVESTMENTS

2005 MARKET STREET
PHILADELPHIA, PA 19103

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

EAGLE FUND DISTRIBUTORS, INC.

59-2385219

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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

PHOENIX - VIRTUS

56 PROSPECT STREET
PO BOX 150480
HARTFORD, CT 06115

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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)

STATE STREET CORPORATION

04-1867445

(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?
21 99	DIRECTED TRUSTEE/CUSTODIA	0	Yes [X] No [ ]	Yes [X] No [ ]	500	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
60 59 63 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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
ADP BROKER-DEALER	63 60 59	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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	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.
DEAWM DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	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.
DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA, PA 19103	ANNUAL RATE 0.00250 OF AVERAGE DAILY 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
ADP BROKER-DEALER	63 60 59	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.
EAGLE FUND DISTRIBUTORS, INC. 59-2385219	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	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.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00780 OF AVERAGE DAILY 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
ADP BROKER-DEALER	63 60 59	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.
IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	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.
J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	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.
PHOENIX - VIRTUS 56 PROSPECT STREET PO BOX 150480 HARTFORD, CT 06115	ANNUAL RATE 0.00250 OF AVERAGE DAILY 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
ADP BROKER-DEALER	63 60 59	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 INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00004 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00630 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	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 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY 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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
S DONADIC INC

D Employer Identification Number (EIN)
11-2445305

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3884161-001	C	10

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA CASH SERIES US GOVT L

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC IDX VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-340	C	20

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX IX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-344	C	4565

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MD CP IDX NL J

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-347	C	29

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S DONADIC INC

D Employer Identification Number (EIN)
11-2445305

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	45929	22429
(9) Value of interest in common/collective trusts	1c(9)		4623
(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)	1188369	1427231
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1234298	1454283
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1234298	1454283

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)	16951	
	(B) Participants	2a(1)(B)	125734	
	(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)		142685
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	589	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		589
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49224	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		49224
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		177
(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)		41953
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		234628
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14643	
(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)		14643
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14643
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		219985
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SACCO CPA LLP **(2)** EIN: 46-2911697

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		124000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S DONADIC INC

D Employer Identification Number (EIN)
11-2445305

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

FOR THE YEAR ENDED

DECEMBER 31, 2014

(With Independent Auditors' Report Thereon)

S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2014 AND 2013

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S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2014

PLAN:	**S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST**
TRUSTEES:	Steve Donadic
PLAN ADMINISTRATOR:	John Donadic
CORPORATE TRUSTEE:	State Street Bank and Trust Company
RECORDKEEPER:	ADP Retirement Services, division of ADP, LLC
PLAN AUDITORS:	SACCO CPA LLP
SOURCES OF CONTRIBUTIONS:	The plan is a deferred compensation plan of the sponsor. Employees elect salary deferral amounts in accordance with the Plan document and IRS rules and regulations. The company may provide a matching contribution
PLAN ASSETS:	The Plan Assets are held in a Trust Plan.

SACCO CPA LLP
ACCOUNTANTS AND ADVISORS

200 Business Park Drive
Armonk, NY 10504
914-273-6270
Fax: 914-273-6274
Email:Johnn@Saccocpa.com

INDEPENDENT AUDITORS' REPORT

To the Trustees of
S Donadic Inc. 401k Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements S Donadic Inc. 401k Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility on the 2014 Financial Statements

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion 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 11 which was certified by State Street Bank & Trust Company, the trustee of the plan, except for comparing such information with the related information included in the 2014 financial statements. We have been informed by the Plan administrator that State Street Bank & Trust Company held the Plan's investment assets and executed investment transactions from September 1, 2014 to December 31, 2014.The plan administrator has obtained a certification from State Street Bank & Trust Company, the Trustee, as of December 31, 2014, and for the period September 1, 2014 to December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate. .

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significant of the matter described in the Basis of Disclaimer Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis on the 2014 financial statements, accordingly, we do not express an opinion on the 2014 financial statements referenced to in the frist paragraph.

Other Matter-Supplemental Schedules

The supplemental schedules of delinquent participant contributions, schedule of assets (held at end of year) and schedule of reportable transactions for the year ended December 31, 2014, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosures 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 paragraph, we do not express an opinion on these supplemental schedules.

Accountant's Compilation Report on the 2013 Financial Statements

Plan management is responsible for the accompanying financial statements of S Donadic Inc. 401k Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2013, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on these financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations 2014

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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Disclosure under the Employee Retirement Income Security Act of 1974

January 18, 2016
Armonk, New York

Sam CPA LLP

S DONADIC INC. 401K PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments at Fair Value	$ 1,431,854	$ 1,188,369
Notes receivable from participants	22,429	45,929
Total Assets	$ 1,454,283	$ 1,234,298
LIABILITIES		
Corrective distributions payable	44,058	27,228
Total liabilities	44,058	27,228
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,410,225	$ 1,207,070

See notes to financial statements.

S DONADIC INC. 401K PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014

INVESTMENT INCOME		
Net unrealized appreciation in fair value of investments	$	42,130
Dividends		49,224
Participant loan interest		589
		91,943
CONTRIBUTIONS		
Employer		16,951
Employee		94,261
		111,212
TOTAL ADDITIONS		203,155
DEDUCTIONS:		
Deductions from net assets attributable to: Benefits paid to participants		
TOTAL DEDUCTIONS		-
NET INCREASE		203,155
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		1,207,070
End of Year	$	1,410,225

See notes to financial statements.

S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the S Donadic Inc. 401k Profit Sharing Plan and Trust (The "Plan") is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

A. GENERAL

The S Donadic Inc. 401k Profit Sharing Plan and Trust (the Plan) is a defined contribution plan established on January 1, 1997, by S Donadic Inc. (Plan Sponsor), and restated effective September 1, 2014. The Plan Sponsor adopted on July 30, 2014 the *Automatic Data Processing Prototype 401(k) and Profit Sharing Plan*. Prior to that date the Plan had adopted the *Flexible 401(k) Profit Sharing Plan*, sponsored by Paychex, initially adopted January 1, 1997 and subsequently amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code of 1986, as amended. The Trustees are responsible for oversight of the Plan and to determine the appropriateness of the Plan's investments and monitor investment performance.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended

B. ELIGIBILITY

All employees, except for union and leased employees, of S Donadic Inc. are eligible to participate in the Plan upon attainment of age 21. An eligible employee may enter the Plan on the first day of the month coinciding with or following the date on which the employee meets the eligibility requirements.

Prior to adopting the Automatic Data Processing Prototype 401(k) and Profit Sharing Plan the participant would become eligible the first day of the Plan year and the first day of the seventh month of the Plan, after becoming eligible.

If a participants' terminates employment before becoming 100% vested in their account balance and receives a distribution of the vested portion of the account, the non-vested portion of the account will be forfeited upon taking the distribution. Participants who terminate employment with a 0% vested percentage are deemed to take a distribution when they terminate. If a participant is rehired as an employee eligible to participate in the Plan, the forfeited amount will be restored, provided the participant repays their entire amount previously distributed within five years of reemployment or, if earlier, before the occurrence of five consecutive breaks in Service. If participants do not repay the distribution or if are rehired after have incurred five consecutive Breaks in Service, the forfeited portion of their account balance will remain forfeited and will not be restored.

Prior to adopting the Automatic Data Processing Prototype 401(k) and Profit Sharing Plan the participant's would not be eligible for reinstatement.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED

C. CONTRIBUTIONS

Employee Contributions:

Under the Plan a participant may make either or any combination of Pre Tax Elective Deferrals or Roth Elective Deferrals .Participants of the Plan may elect to contribute on a before-tax-basis 1% to 12% of eligible compensation, as defined in the Plan, limited to the annual dollar limits imposed by the Internal Revenue Service. For the year ended December 31, 2014 that limit was $17,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. This amount was limited to an additional $5,500 for the year ended December 31, 2014 by the Internal Revenue Service.

Rollover Contributions:

Participants may rollover distributions from either a Roth or non-Roth Plans, in cash exclusive of any outstanding notes, from other qualified defined benefit or defined contribution plans, as defined in the plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Contributions:

The Company will make a "Matching Contribution" equal to 25% of a participant's Elective Deferrals not to exceed 4% of eligible earnings.

The Company may also make Nonelective Contributions to the plan, at amounts to be determined annually by the Company, although it is not required to do so. This contribution will be allocated to all employees eligible to participants in proportion to each employee's eligible compensation, as defined by the Plan. Nonelective Contributions to the plan are made annually at the end of each Plan Year. These contributions are limited to Internal Revenue Service's limits of the less of 100% of eligible earnings or $52,000.

D. PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the Company's matching contribution, investment earnings, rollovers, the Company's discretionary profit sharing contributions, if any, and charged with an allocation of administrative expenses. Allocations may be based on the participant's account balances, or equally to each participant. Certain expenses may be charged to participants based upon the participant's use of the Plan feature or receipt of a Plan distribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

E. INVESTMENTS

All of the investment assets of the Plan are held in a Trust for the exclusive benefit of participants and their beneficiaries under the Plan. Contributions are invested in investment funds, as directed by the Plan Participants. Participants may change their investment elections at any time.

F. VESTING

Participants are vested immediately in their elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the company's contribution portion of a participant's account balance is based on years of continuous service at a rate of 20 percent per year. Vesting starts after two years of service and a participant is 100 percent vested after six years of credited service. A year of service is defined as 1000 Hours of Service, based on the equivalency method. A participant becomes 100 percent vested, no matter the length of service, upon the participant's death, permanent disability, or the attainment of normal retirement age (age 65). A participant may withdraw any part of their vested account balance once they attain the age of 59 ½.

Prior to adopting the *Automatic Data Processing Prototype 401(k) and Profit Sharing Plan*, vesting for Employers Matching Contribution and Employers Profit Sharing contributions a year of service was defined as 1000 hours, but not less than 500 hours to avoid a Break in Vesting Service.

G. FORFEITURES

In the event a participant separates from service with less than fully vested benefits, the non-vested portion of the account is forfeited and used to reduce future Employer contributions. During 2014 and 2013 the balance in the forfeiture account was, $10 and $-0-, respectively,

H. PAYMENT OF BENEFITS

Participants are entitled to receive a distribution of their vested interest upon the termination of employment, the attainment of age 59 ½, retirement, in the event of death, or disability (as defined by the Plan). The beneficiary or beneficiaries of a participant's vested interest are entitled to receive a distribution of such interest in the Plan upon the death of the respective participant. Benefits to the participant or their respective beneficiary or beneficiaries are payable, depending upon the circumstances, in the form of a lump sum payment, substantially equal monthly, quarterly, or annual installments. All distributions are made as administratively feasible.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED

I. NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their plan balance a minimum of $500 up to a maximum of the lesser of $50,000 or 50% of the Participant's vested account balance, reduced by, if any, of the participant's highest outstanding balance of loans from the plan during the one-year period ending on the day before the date of the new loan over the current outstanding balance of loans as of the date of the new loan. A participant may have up to 3 loans at any one time, and only one many be a primary residence loan.

Notes receivable are repaid ratably through periodic payroll deductions over a term not to exceed 5 years, except for the purchase of a principal residence, which may be repaid for a period of up to 30 years. Loans are secured by the balance in the participant's account and bear interest at the rate of one percent higher than that of the prime rate, as published in the *Wall Street Journal* on the 14th of each month plus 2 percentage points. This interest rate is in effect for any loans processed as of the 16th day of the month.

For the year ended December 31, 2014, the rate of interest was 4.25% on loans originating during the Plan year.

The Plan must identity any participant loans that are in default of any scheduled loan payment not made by the end of the calendar quarter following the calendar quarter in which the missed payment was due. Any loan in default the Plan administrator has the authority to take all reasonable actions to collect, including filing a lawsuit or foreclosing on the loan security. Loans in default by participants not entitled to receive a distribution under the plan are considered as a deemed distribution from the Plan and reported to the Internal Revenue Services as taxable income. The amount of the taxable distribution will be determined by the unpaid principal balance of the loan, plus accrued interest. If a default loan is held by a participant that a distribution is permissible, then the vested interest in the participants account is reduced by the outstanding principle and interest due on the loan.

Any loan outstanding at the time of termination of employment will generally become due and payable in full immediately, unless you are a party in interest. Upon death any outstanding balances will cause the loan to be in default, and the outstanding balance will be regarded as if were a distribution from the plan.

J. PLAN EXPENSES

Non-investment costs and administrative expenses of maintaining the Plan are paid directly by the Plan's sponsor, who is a party in interest, and are excluded from these financials statements, constitute exempt party in interest transactions under ERISA.

Certain administrative expenses such as expenses to obtain loans, expenses charged by the record-keeper for processing certain transaction are charged to each participant's account incurring such expenses.

Investment related expenses are included in net appreciation of fair value of investments.

S DONADIC INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 – DESCRIPTION OF PLAN

K. ADMINISTRATION

The Plan is administered by the plan trustees and plan administrator.

The Plan administrator is responsible for the day to day administration of the plan.

The Trustees of the Plan is responsible for the safekeeping of the trust fund.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies which follow are described to enhance the financial statements to the reader.

IMPACT OF RECENTLY ISSUED ACCOUNTING PRONOUNCEMENTS

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, "Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) (Subtopic 835-30)" ("ASU No. 2015-07"). ASU No. 2015-07 aims to remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Investments that calculate net asset value per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU No. 2015-07 is effective for fiscal years beginning after December 15, 2015, and is to be applied retrospectively, with early adoption permitted

The Company plans to early adopt ASU No. 2015-07 in the Notes to Financial Statements during the year ending December 31, 2015.

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. ASU 2015-12, Plan Accounting (Topic 960, 962 and 965) providing for new accounting guidance relating to Fully Benefit –Responsive Investment Contracts, Plan Investment Disclosures and Measurement Date Practical Expedient to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between GAAP and International Financial Reporting Standards. The new guidance changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, and is to be applied retrospectively, with early adoption permitted. The Company plans to early adopt ASU No. 2015-12 in the Notes to Financial Statements during the year ending December 31, 2015.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED

PLAN AMENDMENTS AND CHANGES

On June 18 2014 the Plan appointed a new record keeper, ADP Retirement Services, division of ADP, LLC and authorized the transferred of the assets to State Street Bank & Trust Company. The effect date of the transfer was September 2 and 23, 2014.

On July 30, 2014 the Sponsor adopted the *Automatic Data Processing Prototype 401(k) and Profit Sharing Plan.* The effect date of the change was September 1, 2014.

The Plan assets were transferred into funds comparable to those offered by the previous record keeper. The conversion initiated a black out period beginning September 8, 2014 through October 31, 2014, to allow all current assets to be reviewed and reconciled by the new record keeper. During this period, funds could not be applied to the employees' selected funds with the Custodian or withdrawn from the Plan until the record keeper had time to accurately complete the conversion.

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting under generally Accepted Accounting Principles in the United State of America.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to use estimates and assumptions that affect the reported amounts of assets and liabilities, and changes herein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from the estimated amounts.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Gains and losses are calculated using the moving average method.

There are no securities lending activity in the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED

PAYMENT OF BENEFITS

Payment of benefits is recorded when upon distribution.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan did not distributed all of the 2013 excess contributions to the appropriate participants prior to the March 15, 2014 deadline. At December 31, 2014 $ 11,586 in corrective contributions had not been paid.

DATE OF MANAGEMENT REVIEW

Plan management has evaluated subsequent events through January 18, 2016, the date the financial statements are available for issuance or disclosure in the financial statements.

NOTE 3- INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets.

	2014	2013
T Roe Price Retirement Balanced	$ 196,573	
T Roe Price Retirement 2025-R	307,082	
T Roe Price Retirement 2040-R	244,362	
T Roe Price Retirement 2015-R	161,484	
T Roe Price Retirement 2030-R	109,960	
T Roe Price Retirement 2010-R	250,497	
Blackrock Global Alloc A		$ 297,407
Blackrock CP APP Portfolio A		171,593
Blackrock Basic Value A		103,400
Blackrock, RDY ASY PRM MM		111,655
Blackrock Value OPPS		50,261
Blackrock Total Return		117,281
Blackrock US Govt BD PT		271,460

During 2014, the Plan's investments (including investments bought, and sold, and held during the year) appreciated in value by $42,130.

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB Statement No. 157, *Fair Value Measurements*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

Fair value is to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants.

The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

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

Level 2 Valuation is based upon quoted prices for similar instruments in active markets, quoted prices from identical or similar instruments in markets that are not active, and model–based valuation techniques where all significant assumptions are observable in the market.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobservable assumptions reflect the Company's own estimate of assumptions market participants would use in pricing the asset or liability. Valuation techniques include the use of discounted cash flows, option pricing models and similar techniques.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

Mutual Funds – Valued at the net asset value (NAV) of shares held by the Plan at year-end.

The Fund is valued at the daily closing price as reported by the fund. Mutual Funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be activity traded.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

	Assets at Fair value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Common Collective Trusts		$ 4,624		$ 4,624
Mutual Funds:				
Intermediate Term Bonds	$ 29,670			29,670
Target Date Funds	1,139,549			1,139,549
Large Blend Funds	13,017			13,017
Large Value Funds	6,797			6,797
Conservative Allocations	196,573			196,573
Emerging Markets	11,846			11,846
Real Estate Funds	15,553			15,553
Other Funds	14,225			14,225
Total assets at fair value	$1,427,230	$ 4,624	$ -	$ 1,431,854

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Foreign Large Blend Funds	$12,155			$ 12,155
Large Blend Funds	314,374			314,374
Large Growth Funds	171,593			171,593
Large Value Funds	125,042			125,042
Small Growth Funds	14,548			14,548
Small Blend Funds	50,261			50,261
Intermediate Term Bonds	117,281			117,281
Intermediate Government Bonds	271,460			271,460
MM Fund		111,655		111,655
Total assets at fair value	$1,076,714	$ 111,655	$ -	$1,188,369

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

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 at the end of the reporting period. For the years ended December 31, 2014 and 2013, there were no significant transfers between Level 1 and Level 2 or into or out of Level 3.

NOTE 5 – INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following investment information was certified by State Street Bank and Trust Company, the trustee, and was not subjected any auditing procedures performed by the independent public accountants.

- Total assets as shown the accompanying Statement of Net Assets Available for Benefits for the year ended December 31, 2014 of $1,431,854.
- Investment income as show in the accompanying statement of change in net assets available for benefits, $49,224 of Dividend Income and $2,608 in unrealized appreciation of investments.
- All investment related information in the accompanying supplemental information Schedule H, line i- Schedule of Assets (Held at End of Year) as of December 31, 2014, and Schedule H, Line 4j- Schedule of Reportable Transactions for the year ended December 31, 2014.

NOTE 6 – RELATED PARTY TRANSACTIONS

During the period January 1, 2013 to August 31, 2014, the Plans' investment were shares of mutual funds managed by Blackrock Investment Management LLC, a subsidiary of PNC Financial Services, and was the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these investments were open market transactions at fair value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated thereunder.

During the period September 1, 2014 to December 31, 2014 certain of the plan assets were shares of funds managed by State Street Bank & Trust Co. During that period State Street Bank & Trust Co was a Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these investments are open market transactions at fair value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated thereunder.

NOTE 7 – PROHIBITED TRANSACTIONS

During 2014 the plan sponsor did not remit participant contributions to the Plan in a timely manner, as defined by ERISA, principally due to a change in Plan record-keepers, This delinquency was corrected shortly after it had occurred when the new Trustees was ready to accept contributions. The plan sponsor intends to compensate participants for lost interest resulting from the delay in depositing contributions into the plan during the 2016 Plan year. These non-exempt transactions do not affect the tax status determination of the plan, and the company intends to pay all fines imposed.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 9 – INCOME TAX STATUS

The Plan, as adopted, is a Prototype Standardized Profit Sharing Plan with CODA sponsored by ADP Inc. plan, which received a determination letter from the Internal Revenue Service dated March 31, 2008 which it stated that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Prior to the adoption of the ADP Prototype Plan the Sponsor had adopted the Paychex, Inc.'s Prototype Standardized Profit Sharing Plan with CODA, which received a determination letter from the Internal Revenue Service dated March 31, 2008 which it stated that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believed that the Plan was designed and operated in compliance with the applicable requirements of the IRC and, therefore, believed that the Plan is qualified and the related trust was is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely than-not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2012.

NOTE 10- RISKS AND UNCERTAINTIES

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

NOTE 11 – RECONCILATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2014	2013
Net assets available for benefits per the financial statements	$1,454,283	$1,234,298
Amounts accrued for corrective distributions		
Net assets available for benefits per the Form 5500	(44,058)	(27,228)
	$1,410,225	$1,207,070

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

Net increase in net assets available for benefits per the financial statements	$ 219,985
Current year accruals for:	
Corrective distributions payable	(31,473)
Prior Years' corrective distributions paid during the year	14,643
Net increase in net assets available for benefits per Form 5500	$ 203,155

SUPPLEMENTAL INFORMATION

S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2014

Schedule H - Line 4a - Schedule of Deliquent Participant Contributions
Attachment- Form 5500
Plan EIN: 11-2445305
Plan Number: 001

	Total that Constitute Non exempt Prohitited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are included: X	$21,395			

S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

Schedule H - Line 4(i):Schedule of Assets(End of Year)
Attachment- Form 5500
Plan EIN: 11-2445305
Plan Number: 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE AND RATE OF INTEREST	(e) CURRENT VALUE
	INVESCO STABLE ASSET	COMMON COLLECTIVE TRUST	10
*	SSGA RUSSEL SC IDX VIII	COMMON COLLECTIVE TRUST	20
*	SSGA S&P MID CAP IDX	COMMON COLLECTIVE TRUST	29
*	SSGA S&P 500 IDX IX	COMMON COLLECTIVE TRUST	4,565
*			
*	T ROE PRICE RETIREMENT BALANCED	REGISTERED INVESTMENT COMPANY	196,573
*	INVESCO SMALL CAP EQUITY A	REGISTERED INVESTMENT COMPANY	29
*	VIRTUS EMERGING MARKETS OPPORTUNIT	REGISTERED INVESTMENT COMPANY	11,846
*	DEUTSCHE REAL ESTATE SEC A	REGISTERED INVESTMENT COMPANY	15,553
*	JENNISON NATURAL RESOURCES A	REGISTERED INVESTMENT COMPANY	2,053
*	T ROE PRICE RETIREMENT 2025-R	REGISTERED INVESTMENT COMPANY	307,082
*	PIMCO TOTAL RETURN FUND A	REGISTERED INVESTMENT COMPANY	14,816
*	INVESCO COMMON STOCK A	REGISTERED INVESTMENT COMPANY	6,797
*	T ROE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY	244,362
*	T ROE PRICE RETIREMENT 2035-R	REGISTERED INVESTMENT COMPANY	306
*	JP MORGAN US EQUITY A	REGISTERED INVESTMENT COMPANY	13,017
*	T ROE PRICE RETIREMENT 2055-R	REGISTERED INVESTMENT COMPANY	4,691
*	DELAWARE SMALL CAP VALUE A	REGISTERED INVESTMENT COMPANY	2,454
*	T ROE PRICE RETIREMENT 2045-R	REGISTERED INVESTMENT COMPANY	12,332
*	EAGLE SMALL CAPITAL GROWTH A	REGISTERED INVESTMENT COMPANY	2,528
*	ALGER CAPITAL APPRECIATION INSTIT- I	REGISTERED INVESTMENT COMPANY	7,012
*	T ROE PRICE RETIREMENT 2015-R	REGISTERED INVESTMENT COMPANY	161,484
*	T ROE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY	109,960
*	T ROE PRICE RETIREMENT 2050-R	REGISTERED INVESTMENT COMPANY	44,237
*	T ROE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY	4,597
*	T ROE PRICE RETIREMENT 2010-R	REGISTERED INVESTMENT COMPANY	250,497
*	JP MORGAN CORE BOND FUND A	REGISTERED INVESTMENT COMPANY	14,854
*	IVY HIGH INCOME FUND A	REGISTERED INVESTMENT COMPANY	150
	PARTICIPANT LOANS	INTEREST RATES OF 4.25%	22,429
	TOTAL INVESTMENTS		1,454,283

See accompanying independent auditor's report.

* Denotes party-in-interest to the Plan
* Historical cost is not required as all investments are participant-directed.

S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED

DECEMBER 31, 2014

Schedule H - Line 4(J):Schedule of Reportable Transactions for the Year Ending December 31, 2014
Attachment- Form 5500
Plan EIN: 11-2445305
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identify Party Involved	Description of Asset	Purchase Date	Selling Price	Lease Rental	Expense Incurred with Transaction	**Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
* Blackrock	International Fund		9/2/2014				$ 12,972	
Blackrock	Small Cap Growth II Fund		9/2/2014				22,745	
Blackrock	Global Allocation		9/2/2014				311,135	
Blackrock	Capital Appreciation Fund		9/2/2014				186,832	
Blackrock	Basic Value A Fund		9/2/2014				117,319	
Blackrock	Money Market		9/2/2014				118,874	
Blackrock	Value Opportunities Fund		9/2/2014				50,530	
Blackrock	Total Return Fund		9/2/2014				121,499	
Blackrock	Large Cap Core Fund		9/2/2014				29,804	
Blackrock	Large Cap Value Fund		9/2/2014				21,224	
Blackrock	US Governmanet Bond Fund		9/2/2014				291,477	

See accompanying independent auditor's report.

* Denotes party-in-interest to the Plan
** Historical cost is not required as all investments are participant-directed.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST **EIN:** 11-2445305
Plan Sponsor's Name S DONADIC INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE RETIRE BALANCE R	REGISTERED INVESTMENT COMPANY		196,574
	INVESCO SMALL CAP EQUITY - A	REGISTERED INVESTMENT COMPANY		29
	VIRTUS EMERGING MKTS OPP - A	REGISTERED INVESTMENT COMPANY		11,846
	DEUTSCHE REAL EST SEC A	REGISTERED INVESTMENT COMPANY		15,553
	JENNISON NATURAL RESOURCES - A	REGISTERED INVESTMENT COMPANY		2,053
	T.ROWE PRICE RETIREMENT 2025-R	REGISTERED INVESTMENT COMPANY		307,082
	PIMCO TOTAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		14,816

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST **EIN:** 11-2445305
Plan Sponsor's Name S DONADIC INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	INVESCO COMSTOCK A	REGISTERED INVESTMENT COMPANY		6,797
	T.ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		244,362
	T.ROWE PRICE RETIREMENT 2035-R	REGISTERED INVESTMENT COMPANY		306
	JPMORGAN US EQUITY - A	REGISTERED INVESTMENT COMPANY		13,017
	T.ROWE PRICE RETIREMENT 2055-R	REGISTERED INVESTMENT COMPANY		4,691
	DELAWARE SMALL CAP VALUE - A	REGISTERED INVESTMENT COMPANY		2,454
	T.ROWE PRICE RETIREMENT 2045-R	REGISTERED INVESTMENT COMPANY		12,332

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST **EIN:** 11-2445305
Plan Sponsor's Name S DONADIC INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	EAGLE SMALL CAP GROWTH - A	REGISTERED INVESTMENT COMPANY		2,528
	ALGER CAPITAL APPR INSTIT - I	REGISTERED INVESTMENT COMPANY		7,012
	T.ROWE PRICE RETIREMENT 2015-R	REGISTERED INVESTMENT COMPANY		161,484
	T.ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		109,960
	T. ROWE PRICE RETIRE 2050 - R	REGISTERED INVESTMENT COMPANY		44,237
	T.ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		4,597
	T.ROWE PRICE RETIREMENT 2010-R	REGISTERED INVESTMENT COMPANY		250,497

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S DONADIC INC 401K PROFIT SHARING PLAN AND TRUST **EIN:** 11-2445305
Plan Sponsor's Name S DONADIC INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JPMORGAN CORE BOND FUND - A	REGISTERED INVESTMENT COMPANY		14,854
	IVY HIGH INC FUND - A	REGISTERED INVESTMENT COMPANY		151
	PARTICIPANT LOANS	INTEREST RATES (0.00% TO 0.00%)		22,429
	INVESCO STABLE ASSET	COMMON/COLLECTIVE TRUST		10
	SSGA RUSS SC IDX VIII	COMMON/COLLECTIVE TRUST		20
	SSGA S&P 500 IDX IX	COMMON/COLLECTIVE TRUST		4,565
	SSGA S&P MD CP IDX NL J	COMMON/COLLECTIVE TRUST		29