Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

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

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
ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1964

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

4602 BENEFIT AVE
ASHTABULA, OH 44004

4602 BENEFIT AVE
ASHTABULA, OH 44004

2b Employer Identification Number (EIN) 34-0310980

2c Plan Sponsor's telephone number 440-997-6134

2d Business code (see instructions) 326100

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.	03/22/2016	BILL KANE
	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**	183
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)**	159
a(2) Total number of active participants at the end of the plan year	**6a(2)**	142
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	34
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	177
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	178
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
ITEN INDUSTRIES, INC. 401(K) 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
ITEN INDUSTRIES, INC.

D Employer Identification Number (EIN)
34-0310980

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	2838	Yes [X] No [ ]	Yes [X] No [ ]	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 [ ]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMCENT INFL ADJBD IS - AMERICAN CE 44-0619208	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON ASSET INST - DST SYSTEMS, IN 43-1581814	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BUFFALO SM CAP STOCK - US BANCORP 39-0281260	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LZRD EMRG MKTS EQ IS - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%

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 H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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 07/01/2014 and ending 06/30/2015

A Name of plan
ITEN INDUSTRIES, INC. 401(K) 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
ITEN INDUSTRIES, INC.

D Employer Identification Number (EIN)
34-0310980

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	940736	531681
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	278329	227212
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10423659	11173294
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11642724	11932187
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	11642724	11932187

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	262652	
(C) Others (including rollovers)	2a(1)(C)	8829	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		271481
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	60	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10910	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10970
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	731296	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		731296
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-222993
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		790754
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	495176	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		495176
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	3274	
(4) Other	2i(4)	2841	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6115
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		501291
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		289463
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MORGAN & ASSOCIATES **(2)** EIN: 34-1660198

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		500000
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)	Retirement Plan 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 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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
ITEN INDUSTRIES, INC. 401(K) 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
ITEN INDUSTRIES, INC.

D Employer Identification Number (EIN)
34-0310980

Part I Distributions

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

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

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

EIN(s): 04-6568107 _____

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):

MORGAN & ASSOCIATES, INC.
Certified Public Accountants

Independent Auditor's Report

Trustees of the Iten Industries, Inc.
401(k) Profit Sharing Plan and Trust
Ashtabula, Ohio 44005

Dear Sirs:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Iten Industries, Inc. 401(k) Profit Sharing Plan and Trust as of June 30, 2015 and 2014, the related statements of changes in net assets available for the plan benefits for the years then ended, and the supplemental schedule of assets held for investment purposes as of June 30, 2015. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

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 5, which was certified by the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2015 and 2014 and for the years ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Yours truly,

Morgan & Associates, Inc.

Morgan & Associates, Inc.
February 29, 2016

6155 Rockside Road • Suite 307 • Cleveland, Ohio 44131
(216) 642-8604 • Fax: (216) 642-1915

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF JUNE 30, 2015 AND 2014

	2015	2014
ASSETS:		
Cash equivalents	$ 531,681	$ 940,736
Investment securities - At fair value (Notes 2 and 4):		
Registered investment companies	11,173,294	10,423,659
Loans to participants	227,212	278,329
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,932,187	$ 11,642,724

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

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015	2014
ADDITIONS TO NET ASSETS:		
Contributions:		
Employer	$ -0-	$ -0-
Participants	262,653	249,808
Rollover from other plans	8,829	-0-
Total contributions	271,482	249,808
Investment income:		
Interest and dividends	742,267	842,052
Net unrealized (depreciation) appreciation in fair value of investments	(178,460)	600,824
Net (loss) gain from sale of investments	(44,535)	480,963
Total net investment income (note 4)	519,272	1,923,839
Total	790,754	2,173,647
DEDUCTIONS FROM NET ASSETS:		
Retirement, death, disability and termination benefits, and administrative fees	501,291	3,391,456
NET INCREASE (DECREASE)	289,463	(1,217,809)
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	11,642,724	12,860,533
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$ 11,932,187	$ 11,642,724

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

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

1. *DESCRIPTION OF PLAN*

The following description of the Iten Industries, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution/profit sharing plan covering substantially all the employees of Iten Industries, Inc. (the "Company"). Eligible employees become participants in the Plan following one year of continuous service. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

After six months of employment, eligible employees automatically have 6.0% of the their pay withheld and contributed to the Plan unless they expressly elect a different amount to be withheld, or elect not to participate. The Company may also make discretionary contributions up to the maximum amount allowable under the provisions of the Internal Revenue Code (IRC) Section 404. Company contributions are allocated to participants employed on the last day of the Plan year and who have worked at least 1,000 hours of service. Employer contributions are allocated based upon the ratio each participant's eligible compensation bears to total eligible compensation.

The maximum amount of employee and Company contributions are subject to the limits defined by IRC Section 402(g) and 415(c). Contributions of certain highly compensated participants may also be limited based on nondiscrimination tests described in IRC Sections 414(q) and 415(d).

Forfeitures are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation.

Participating Accounts and Vesting

Contributions and allocated plan earnings are recorded in separate accounts maintained for each participant. Participants are immediately vested in their voluntary contributions and earnings. Employer contributions and corresponding earnings are vested after five years of service. Participants may also become fully vested upon attainment of age 65, or in the event of death or total disability. Net assets available for Plan benefits include the accounts of active participants, as well as, certain separated, vested and retired participants who have elected to receive their benefits in installment payments. Participants self-direct the investments of their account from a list of investment funds.

Loans to Participants

Participants may borrow up to 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear an interest rate equal to the prevailing bank prime interest rate plus 1% at the time the loans are initiated. Principal and interest payments are withheld from the participant's pay and remitted to the Plan bi-weekly.

Payments to Participants

Participants may receive their vested account balance as a lump sum, in installments or as an annuity upon reaching age 59 1/2 or termination of employment. Under certain conditions stipulated in the Plan agreement, distributions may be deferred until the participant reaches age 70 1/2.

Plan Termination

The Company has the right to terminate the Plan at any time. In the event of Plan termination each participant's account balance, net of any termination fees, shall become fully vested and shall be distributed to each participant.

2. *SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES*

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting. Consequently, revenue and related assets are recognized when earned; expenses and related liabilities are recognized when the obligations are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that can affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments consist primarily of registered investment company funds and participant loans. Registered investment company funds are valued at quoted fair value based upon the market value of the underlying assets in the funds. Investments without market activity are carried at fair market value as determined by the Board of Trustees.

Administrative Fees

The plan sponsor, Iten Industries, Inc., provides clerical and administrative services to the Plan on a no fee basis and paid $6,435 in 2015 and $6,135 in 2014 for asset management, actuarial, legal and auditing fees incurred in the operation of the Plan.

3. *SIGNIFICANT INVESTMENTS*

Investments held by the Plan at June 30, 2015 and 2014 that represent 5% or more of the Plan's net assets at the beginning of the year are summarized below:

	2015	2014
Fidelity Puritan Fund	$ 3,520,133	$ 4,119,915
Fidelity Freedom 2020	2,134,146	1,182,054
Fidelity Freedom 2030	1,162,814	984,702
Fidelity Retirement Money Market Fund	531,681	940,736
Fidelity Contra Fund	688,548	664,230
Total	$ 8,037,322	$ 7,891,637

4. *TAX STATUS*

The Plan is designed to be qualified and exempt from income taxes under Section 401(a) of the Internal Revenue Code and therefore, no provision for income taxes has been made. The Plan's exemption from income taxes is based upon a favorable determination letter from the Internal Revenue Service dated January 21, 1993. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and legal counsel believe the Plan is currently in compliance with the applicable provisions of the Internal Revenue Code.

5. *INFORMATION CERTIFIED BY TRUSTEE*

The following is a summary of the financial information regarding the Plan which is included in the Plan's financial statements and supplemental schedule. Such information was prepared by the trustee of the Plan, Fidelity Management Trust Company, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee of the Plan that such information is complete and accurate.

	2015	2014
Net assets available for plan benefits	$ 11,932,187	$ 11,642,724
Investment income	519,272	1,923,839

6. *SUBSEQUENT EVENTS*

Subsequent events are those events or transactions that occur following the Statement of Net Assets Available for Plan Benefits date, before the financial statements are issued, or available to be issued. Accounting Standards Codification 855, "Subsequent Events" requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through February 29, 2014, which is the date the financial statements were available to be issued. As of February 29, 2016, the Plan's investment securities held on June 30, 2015 declined $1,211,531 or 10.4%.

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SUPPLEMENTAL SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2015

NUMBER OF SHARES	CASH EQUIVALENTS	MARKET VALUE
531,681.070	Fidelity Retirement Money Market Fund	$ 531,681

NUMBER OF SHARES	REGISTERED INVESTMENT COMPANIES	MARKET VALUE
11,719.568	Artisan Mid Cap Value Fund	$ 289,708
2,317.144	Allianz NFJ Small-Cap Value R6 Fund	64,926
2,196.557	American Century Inflation-Adjusted Bond Fund	25,348
2,328.689	Baron Asset Fund	157,839
2,320.382	Buffalo Small Cap Fund	76,201
6,752.457	Fidelity Contra Fund	688,548
362.798	Fidelity Freedom Income Fund	4,190
192.017	Fidelity Freedom 2005 Fund	2,314
865.580	Fidelity Freedom 2010 Fund	13,356
11,795.718	Fidelity Freedom 2015 Fund	149,334
138,043.055	Fidelity Freedom 2020 Fund	2,134,146
10,292.437	Fidelity Freedom 2025 Fund	136,478
71,207.233	Fidelity Freedom 2030 Fund	1,162,814
31,040.016	Fidelity Freedom 2035 Fund	418,109
4,651.840	Fidelity Freedom 2040 Fund	44,053
1,139.981	Fidelity Freedom 2045 Fund	12,175
2,414.627	Fidelity Freedom 2050 Fund	25,909
287.583	Fidelity Freedom 2055 Fund	3,431
4,675.355	Fidelity Governmental Income Fund	48,764
3,175.417	Fidelity High Income Fund	28,134
11,168.875	Fidelity International Discovery Fund	459,934
160,589.994	Fidelity Puritan Fund	3,520,133
1,157.912	Lazard Emerging Markets Equity Portfolio Open	19,696
14,152.693	MFS Value R3 Fund	493,787
6,184.484	Neuberger Berman Genesis Fund - Institutional Class	235,691
28,485.950	PIMCO Total Return Fund - Class P	301,381
3,511.596	Spartan Extend Market Index Fund	200,477
6,567.929	Spartan International Index Fund	259,762
2,688.396	Spartan 500 Index Fund	196,656
	Total	$ 11,173,294

MORGAN & ASSOCIATES, INC.
Certified Public Accountants

Independent Auditor's Report

Trustees of the Iten Industries, Inc.
401(k) Profit Sharing Plan and Trust
Ashtabula, Ohio 44005

Dear Sirs:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Iten Industries, Inc. 401(k) Profit Sharing Plan and Trust as of June 30, 2015 and 2014, the related statements of changes in net assets available for the plan benefits for the years then ended, and the supplemental schedule of assets held for investment purposes as of June 30, 2015. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

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 5, which was certified by the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2015 and 2014 and for the years ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Yours truly,

Morgan & Associates, Inc.

Morgan & Associates, Inc.
February 29, 2016

6155 Rockside Road • Suite 307 • Cleveland, Ohio 44131
(216) 642-8604 • Fax: (216) 642-1915

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF JUNE 30, 2015 AND 2014

	2015	2014
ASSETS:		
Cash equivalents	$ 531,681	$ 940,736
Investment securities - At fair value (Notes 2 and 4):		
Registered investment companies	11,173,294	10,423,659
Loans to participants	227,212	278,329
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,932,187	$ 11,642,724

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

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015	2014
ADDITIONS TO NET ASSETS:		
Contributions:		
Employer	$ -0-	$ -0-
Participants	262,653	249,808
Rollover from other plans	8,829	-0-
Total contributions	271,482	249,808
Investment income:		
Interest and dividends	742,267	842,052
Net unrealized (depreciation) appreciation in fair value of investments	(178,460)	600,824
Net (loss) gain from sale of investments	(44,535)	480,963
Total net investment income (note 4)	519,272	1,923,839
Total	790,754	2,173,647
DEDUCTIONS FROM NET ASSETS:		
Retirement, death, disability and termination benefits, and administrative fees	501,291	3,391,456
NET INCREASE (DECREASE)	289,463	(1,217,809)
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	11,642,724	12,860,533
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$ 11,932,187	$ 11,642,724

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

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

1. *DESCRIPTION OF PLAN*

The following description of the Iten Industries, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution/profit sharing plan covering substantially all the employees of Iten Industries, Inc. (the "Company"). Eligible employees become participants in the Plan following one year of continuous service. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

After six months of employment, eligible employees automatically have 6.0% of the their pay withheld and contributed to the Plan unless they expressly elect a different amount to be withheld, or elect not to participate. The Company may also make discretionary contributions up to the maximum amount allowable under the provisions of the Internal Revenue Code (IRC) Section 404. Company contributions are allocated to participants employed on the last day of the Plan year and who have worked at least 1,000 hours of service. Employer contributions are allocated based upon the ratio each participant's eligible compensation bears to total eligible compensation.

The maximum amount of employee and Company contributions are subject to the limits defined by IRC Section 402(g) and 415(c). Contributions of certain highly compensated participants may also be limited based on nondiscrimination tests described in IRC Sections 414(q) and 415(d).

Forfeitures are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation.

Participating Accounts and Vesting

Contributions and allocated plan earnings are recorded in separate accounts maintained for each participant. Participants are immediately vested in their voluntary contributions and earnings. Employer contributions and corresponding earnings are vested after five years of service. Participants may also become fully vested upon attainment of age 65, or in the event of death or total disability. Net assets available for Plan benefits include the accounts of active participants, as well as, certain separated, vested and retired participants who have elected to receive their benefits in installment payments. Participants self-direct the investments of their account from a list of investment funds.

Loans to Participants

Participants may borrow up to 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear an interest rate equal to the prevailing bank prime interest rate plus 1% at the time the loans are initiated. Principal and interest payments are withheld from the participant's pay and remitted to the Plan bi-weekly.

Payments to Participants

Participants may receive their vested account balance as a lump sum, in installments or as an annuity upon reaching age 59 1/2 or termination of employment. Under certain conditions stipulated in the Plan agreement, distributions may be deferred until the participant reaches age 70 1/2.

Plan Termination

The Company has the right to terminate the Plan at any time. In the event of Plan termination each participant's account balance, net of any termination fees, shall become fully vested and shall be distributed to each participant.

2. *SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES*

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting. Consequently, revenue and related assets are recognized when earned; expenses and related liabilities are recognized when the obligations are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that can affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments consist primarily of registered investment company funds and participant loans. Registered investment company funds are valued at quoted fair value based upon the market value of the underlying assets in the funds. Investments without market activity are carried at fair market value as determined by the Board of Trustees.

Administrative Fees

The plan sponsor, Iten Industries, Inc., provides clerical and administrative services to the Plan on a no fee basis and paid $6,435 in 2015 and $6,135 in 2014 for asset management, actuarial, legal and auditing fees incurred in the operation of the Plan.

3. *SIGNIFICANT INVESTMENTS*

Investments held by the Plan at June 30, 2015 and 2014 that represent 5% or more of the Plan's net assets at the beginning of the year are summarized below:

	2015	2014
Fidelity Puritan Fund	$ 3,520,133	$ 4,119,915
Fidelity Freedom 2020	2,134,146	1,182,054
Fidelity Freedom 2030	1,162,814	984,702
Fidelity Retirement Money Market Fund	531,681	940,736
Fidelity Contra Fund	688,548	664,230
Total	$ 8,037,322	$ 7,891,637

4. *TAX STATUS*

The Plan is designed to be qualified and exempt from income taxes under Section 401(a) of the Internal Revenue Code and therefore, no provision for income taxes has been made. The Plan's exemption from income taxes is based upon a favorable determination letter from the Internal Revenue Service dated January 21, 1993. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and legal counsel believe the Plan is currently in compliance with the applicable provisions of the Internal Revenue Code.

5. *INFORMATION CERTIFIED BY TRUSTEE*

The following is a summary of the financial information regarding the Plan which is included in the Plan's financial statements and supplemental schedule. Such information was prepared by the trustee of the Plan, Fidelity Management Trust Company, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee of the Plan that such information is complete and accurate.

	2015	2014
Net assets available for plan benefits	$ 11,932,187	$ 11,642,724
Investment income	519,272	1,923,839

6. *SUBSEQUENT EVENTS*

Subsequent events are those events or transactions that occur following the Statement of Net Assets Available for Plan Benefits date, before the financial statements are issued, or available to be issued. Accounting Standards Codification 855, "Subsequent Events" requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through February 29, 2014, which is the date the financial statements were available to be issued. As of February 29, 2016, the Plan's investment securities held on June 30, 2015 declined $1,211,531 or 10.4%.

ITEN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
SUPPLEMENTAL SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2015

NUMBER OF SHARES	CASH EQUIVALENTS	MARKET VALUE
531,681.070	Fidelity Retirement Money Market Fund	$ 531,681

NUMBER OF SHARES	REGISTERED INVESTMENT COMPANIES	MARKET VALUE
11,719.568	Artisan Mid Cap Value Fund	$ 289,708
2,317.144	Allianz NFJ Small-Cap Value R6 Fund	64,926
2,196.557	American Century Inflation-Adjusted Bond Fund	25,348
2,328.689	Baron Asset Fund	157,839
2,320.382	Buffalo Small Cap Fund	76,201
6,752.457	Fidelity Contra Fund	688,548
362.798	Fidelity Freedom Income Fund	4,190
192.017	Fidelity Freedom 2005 Fund	2,314
865.580	Fidelity Freedom 2010 Fund	13,356
11,795.718	Fidelity Freedom 2015 Fund	149,334
138,043.055	Fidelity Freedom 2020 Fund	2,134,146
10,292.437	Fidelity Freedom 2025 Fund	136,478
71,207.233	Fidelity Freedom 2030 Fund	1,162,814
31,040.016	Fidelity Freedom 2035 Fund	418,109
4,651.840	Fidelity Freedom 2040 Fund	44,053
1,139.981	Fidelity Freedom 2045 Fund	12,175
2,414.627	Fidelity Freedom 2050 Fund	25,909
287.583	Fidelity Freedom 2055 Fund	3,431
4,675.355	Fidelity Governmental Income Fund	48,764
3,175.417	Fidelity High Income Fund	28,134
11,168.875	Fidelity International Discovery Fund	459,934
160,589.994	Fidelity Puritan Fund	3,520,133
1,157.912	Lazard Emerging Markets Equity Portfolio Open	19,696
14,152.693	MFS Value R3 Fund	493,787
6,184.484	Neuberger Berman Genesis Fund - Institutional Class	235,691
28,485.950	PIMCO Total Return Fund - Class P	301,381
3,511.596	Spartan Extend Market Index Fund	200,477
6,567.929	Spartan International Index Fund	259,762
2,688.396	Spartan 500 Index Fund	196,656
	Total	$ 11,173,294