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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

FCS INDUSTRIES, INC.

8938 S. RIDGELAND AVE.
OAK LAWN, IL 60453

2b Employer Identification Number (EIN)
36-2700871

2c Plan Sponsor's telephone number
708-430-6674

2d Business code (see instructions)
484200

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.	07/28/2016	CRAIG R. LOWRY
	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)

Preparer's telephone number

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**	310
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)**	310
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	325
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	325
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	325
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	409
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	21
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 2H 2J 3H

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)** [X] 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)** [ ] **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)** [X] 2 **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCS INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2700871

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANIES

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-0974148	88072	210093869			

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	209125
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	13698		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	13698
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	222823
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	222823

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCS INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2700871

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
25-0598210	70432	8FP01487			

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	102863
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	2314		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	2314
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	105177
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	105177

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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).	2015
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 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	B Three-digit plan number (PN) ▶	
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FCS INDUSTRIES, INC.	36-2700871	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EDWARD D. JONES & CO., L.P.

12555 MANCHESTER ROAD
ST LOUIS, MO 63131

43-0345811

(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?
63 71	ADVISER	6909	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

WELLS FARGO ADVISORS, LLC

1000 HART ROAD
BARRINGTON, IL 60010

34-1542819

(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?
63 71	ADVISER	3239	Yes [X] No [ ]	Yes [X] No [ ]	1203	Yes [ ] No [X]

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

WOLFF WIESE MAGANA LLC

1925 PALOMAR OAKS WAY STE 200
CARLSBAD, CA 92008

45-2548834

(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?
71	ADVISER	10836	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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)

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCS INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2700871

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)	998080	1040116
(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)	3372156	2956335
(2) U.S. Government securities	1c(2)	41546	39346
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8500626	9314510
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1438887	1526704
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11742652	11110557
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	583827	328000
(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	26677774	26315568
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26677774	26315568

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)	1021000	
	(B) Participants	2a(1)(B)	565748	
	(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)		1586748
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	50908	
	(B) U.S. Government securities	2b(1)(B)	1693	
	(C) Corporate debt instruments	2b(1)(C)	122423	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	27617	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		202641
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	23855	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		23855
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	420620	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	467688	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-47068
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-77693	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-77693

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-61633
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1626850
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1968072	
(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)		1968072
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)	20984	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20984
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1989056
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-362206
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: CJG PARTNERS LLP **(2)** EIN: 36-3383864

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	N/A	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	N/A	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		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

The Employee Profit Sharing Plan and Trust
for Employees of F.C.S. Industries, Inc.
and Subsidiary Companies

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cjg partners LLP

Certified Public Accountants

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Independent Auditor's Report

Trustees of the Employee Profit Sharing Plan and Trust for Employees of F.C.S. Industries, Inc. and Subsidiary Companies

Report on the Financial Statements

We have audited the accompanying financial statements of the Employee Profit Sharing Plan and Trust for Employees of F.C.S. Industries, Inc. and Subsidiary Companies (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

cjg partners LLP

Certified Public Accountants & Advisors

Independent Auditor's Report

Trustees of the Employee Profit Sharing Plan and Trust for Employees of F.C.S. Industries, Inc. and Subsidiary Companies (Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Employee Profit Sharing Plan and Trust for Employees of F.C.S. Industries, Inc. and Subsidiary Companies as of December 31, 2015 and 2014, and the changes in its net assets available for plan benefits for the year ended December 31, 2015 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cjg Partners LLP

cjg partners LLP
Certified Public Accountants

Schaumburg, Illinois
July 20, 2016

The Employee Profit Sharing Plan and Trust
For Employees of F.C.S. Industries, Inc. and Subsidiary Companies
Statements of Net Assets Available for Plan Benefits
December 31, 2015 and 2014

	2015	*2014*
Investments		
At Fair Value		
Asset backed securities	$ 39,346	$ 41,546
Money markets	394,514	838,472
Certificates of deposit	2,561,821	2,533,684
Corporate bonds	9,314,510	8,500,626
Investment contracts with insurance companies	328,000	583,827
Corporate stocks	1,526,704	1,438,887
Shares of registered investment companies	11,110,557	11,742,652
Total Investments	25,275,452	25,679,694
Other Assets		
Due from F.C.S. Industries, Inc.	1,040,116	998,080
Net Assets Available for Benefits	$26,315,568	$26,677,774

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

The Employee Profit Sharing Plan and Trust
For Employees of F.C.S. Industries, Inc. and Subsidiary Companies
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:	
Investment Income	
Interest and dividends	$ 813,476
Net depreciation in fair value of investments	(794,358)
Net Investment Income	19,118
Contributions	
Employer	1,021,000
Participant	565,748
Total Contributions	1,586,748
Total Additions	1,605,866
Deductions from Net Assets Attributed to:	
Benefits paid to participants	1,968,072
Total Deductions	1,968,072
Net Decrease	(362,206)
Net Assets Available for Benefits:	
Beginning of Year	26,677,774
End of Year	$ 26,315,568

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

1. **Plan Description**

The following description of the Employee Profit Sharing Plan and Trust for Employees of F.C.S. Industries, Inc. and Subsidiary Companies ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full time employees of F.C.S. Industries, Inc. and Subsidiary Companies (collectively "the Company") who have one year of service, and are not covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees oversee governance of the Plan. The Trustees determine the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustees.

Contributions

Each year, participants may contribute up to 15% of their annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, common stocks, bonds, government securities, and an insurance investment contract as investment options for participants. The Company contributes such amount if any, as determined by the Company's Board of Directors. Contributions are subject to certain statutory limitations.

Participants' Accounts

Each participant's account is credited with the participant's contribution and allocations of (A) the Company's contribution, (B) plan earnings, and (C) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Investment Options

Upon enrollment in the Plan, a participant elects whether employee contributions are invested in fixed, money market or equity securities. Participants may change their investment options once during any three month period.

Vesting

Participants are immediately vested in the voluntary contributions plus actual earnings thereon. Vesting in the remainder of the accounts is based on years of continuous service as follows:

Years of Service	Vested Percentage
Less than 1 Year	0%
1 Year	10%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years	100%

Payment of Benefits

On termination of service, a participant will receive either a lump-sum amount equal to the vested value of his or her account, or substantially equal, annual, quarterly, or monthly installments over a period of more than 1 year but which does not exceed the period, as selected by the participant; provided that such period is for less than the participant's life expectancy as of the annuity starting date, plus accrued net income.

1. **Plan Description (Continued)**

Forfeited Accounts

Forfeited accounts are first retained for former participants who may still re-enter the Plan. Any remaining forfeitures are then allocated to reduce sponsor contributions for the plan year. At December 31, 2015, forfeited non-vested accounts totaled $36,516. During the year ended December 31, 2015, $36,516 of forfeitures was reallocated to participants.

2. **Summary of Significant Accounting Policies**

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. The amounts shown in Note 3, for securities that have no quoted market price, represent estimated fair value. Many factors are considered in arriving at fair value. Certificates of deposit are valued based on amortized cost or original cost plus accrued interest, which approximates fair value. The fair value of guaranteed investment contracts are calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. 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.

Payments of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with United States of America generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Operating Expenses

All expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in the net appreciation of fair value of investments.

Plan Amendments

There were no plan amendments for 2015 or 2014.

Subsequent Events

The Plan monitors significant events occurring after the balance sheet date and prior to the issuance of the financial statements to determine the impacts, if any, of events on the financial statements to be issued. The Plan has evaluated subsequent events through the date which the financial statements are issued. See Note 13 for further details.

3. Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1), and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

The fair values of corporate bonds, and asset backed securities are valued by a third party brokerage house. The fair values of certificates of deposit are based on amortized cost or original cost plus accrued interest.

Level 3 Fair Value Measurements

The investment contracts with insurance companies are not actively traded, and significant observable inputs are not available. Thus, the fair value of the investment contracts is valued at cost plus accrued interest.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

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

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: 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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded.

Asset backed securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Investment contracts with insurance companies: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Certain unobservable inputs are assessed through review of contract terms whereas others are substantiated utilizing available market date.

3. **Fair Value Measurements (Continued)**

December 31, 2015		Fair Value Measurements at Reporting Date Using:		
	Fair Value	*(Level 1)*	*(Level 2)*	*(Level 3)*
Corporate stock				
Basic materials	$ 66,600	$ 66,600	$ -	$ -
Communications	97,835	97,835	-	-
Consumer	141,136	141,136	-	-
Energy	9,825	9,825	-	-
Financial	266,341	266,341	-	-
Healthcare	295,881	295,881	-	-
Industrials	482,322	482,322	-	-
Technology	166,764	166,764	-	-
Total corporate stock	1,526,704	1,526,704	-	-
Mutual funds				
Blend funds	4,897,587	4,897,587	-	-
Growth funds	4,284,201	4,284,201	-	-
Value funds	1,107,626	1,107,626	-	-
Other funds	821,143	821,143	-	-
Total mutual funds	11,110,557	11,110,557	-	-
Corporate bonds	9,314,510	-	9,314,510	-
Asset backed securities	39,346	-	39,346	-
Money market	394,514	394,514	-	-
Certificates of deposit	2,561,821	-	2,561,821	-
Investment contracts with insurance company	328,000	-	-	328,000
	$25,275,452	$13,031,775	$11,915,677	$328,000

3. **Fair Value Measurements (Continued)**

December 31, 2014		Fair Value Measurements at Reporting Date Using:		
	Fair Value	*(Level 1)*	*(Level 2)*	*(Level 3)*
Corporate stock				
Basic materials	$ 73,940	$ 73,940	$ -	$ -
Communications	97,165	97,165	-	-
Consumer	212,235	212,235	-	-
Energy	191,932	191,932	-	-
Financial	132,896	132,896	-	-
Healthcare	288,793	288,793	-	-
Industrials	364,660	364,660	-	-
Technology	77,266	77,266	-	-
Total corporate stock	1,438,887	1,438,887		
			-	-
Mutual funds				
Blend funds	4,483,675	4,483,675	-	-
Growth funds	4,658,578	4,658,578	-	-
Value funds	1,748,328	1,748,328	-	-
Other funds	852,071	852,071	-	-
Total mutual funds	11,742,652	11,742,652		
				-
Corporate bonds	8,500,626	-	8,500,626	
Asset backed securities	41,546	-	41,546	-
Money market	838,472	838,472	-	-
Certificates of deposit	2,533,684	-	2,533,684	-
Investment contracts with insurance company	583,827	-	-	583,827
	$25,679,694	$14,020,011	$11,075,856	$583,827

3. **Fair Value Measurements (Continued)**

Level 3 Fair Value Measurements

The investment contracts with insurance companies are not actively traded, and significant observable inputs are not available. Thus, the fair value of the investment contracts is valued at cost plus accrued interest.

The following tables provide further details of the Level 3 fair value measurements:

For the Year Ended December 31, 2015	*Investments with Insurance Companies*	*Total*
Beginning balance	$ 583,827	$ 583,827
Total gains or losses (realized and unrealized) included in changes in net assets available for plan benefits	27,617	27,617
Purchases, sales, issuances, settlements, (net)	(283,444)	(283,444)
	$ 328,000	$ 328,000

For the Year Ended December 31, 2014	*Investments with Insurance Companies*	*Total*
Beginning balance	$ 556,176	$ 556,176
Total gains or losses (realized and unrealized) included in changes in net assets available for plan benefits	27,651	27,651
	$ 583,827	$ 583,827

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the years ended December 31, 2015 and 2014, are reported in net depreciation in fair value of investments.

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Values
Guaranteed investment contracts (annuities)	$ 328,000	Fair value equals contract value	Composite Crediting Interest Rates	2.25-6.55%

4. Investments

The following tables present investments that represented 5% or more of the Plan's net assets:

For the Year Ended December 31, 2015	*Participant Directed*	*Non-Participant Directed*	*Total*
The New Perspective Fund in Edward Jones	$ 21,939	$ 1,390,572	$ 1,412,511
The Washington Mutual Investors Fund in Edward Jones	33,324	1,323,598	1,356,922
	$ 55,263	$ 2,714,170	$ 2,769,433

For the Year Ended December 31, 2014	*Participant Directed*	*Non-Participant Directed*	*Total*
The New Perspective Fund in Edward Jones	$ 20,826	$ 1,320,083	$ 1,340,909
The Washington Mutual Investors Fund in Edward Jones	33,380	1,325,806	1,359,186
	$ 54,206	$ 2,645,889	$ 2,700,095

During 2015, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by $794,358 as follows:

For the Year Ended December 31, 2015	*Participant Directed*	*Non-Participant Directed*	*Total*
Investments at Fair Value as determined by quoted market price			
Corporate stocks	$ -	$ (128,249)	$ (128,249)
Shares of registered investment companies	(156,376)	(509,733)	(666,109)
	$ (156,376)	$ (637,982)	$ (794,358)

5. Investment Contracts with Insurance Companies

The Plan has entered into various investment contracts with Hartford Life, ING, Western National Life, and Protective Life Insurance companies. The contracts are included in the financial statements at fair value, which approximates contract value, as reported to the Plan by Hartford Life, ING, Western National Life, and Protective Life. Contract value represents contributions made under the contract, plus earnings, less plan withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2015 and 2014 was $328,000 and $583,827, respectively.

6. Certificates of Deposit

Certificates of deposit at December 31, 2015 and 2014 consist of amounts on deposit at banks or savings and loan associations, with interest rates ranging from .50% to 3.70%, with maturities during 2016 through 2022.

7. Nonparticipant-Directed Investments

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

	December 31, 2015	*December 31, 2014*
Net Assets:		
U.S. Government securities	$ 30,035	$ 32,034
Money markets	79,681	265,622
Certificates of deposit	1,062,097	996,083
Corporate bonds	6,983,005	6,361,867
Contracts with insurance companies	222,823	355,779
Corporate stocks	1,526,705	1,438,887
Shares of registered investment companies	9,042,847	9,741,246
Due from F.C.S. Industries, Inc.	1,021,000	998,000
	$19,968,193	$20,189,518

	December 31, 2015
Changes in Net Assets:	
Interest and dividends	$ 618,594
Net appreciation	(637,982)
Contributions	1,021,000
Benefits paid to participants	(1,222,937)
	$ (221,325)

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. Income Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated July 22, 2009, that the Plan and related trust are 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 and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

10. Risks and Uncertainties

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment 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 plan benefits.

11. Related Party Transactions

The Trustees of the Plan have fiduciary responsibilities and are also participants. Plan transactions with the Trustees qualify as party-in-interest. The Trustees' investment balances at December 31, 2015, as well as additions to net assets for the year ended December 31, 2015, are not significant to the Plan.

12. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net interest and dividends per the financial statements for the year ended December 31, 2015 to Schedule H of Form 5500:

Interest and dividends per the financial statements	$ 813,476
Classification difference between interest & dividends and realized and unrealized gain on investments	(586,980)
Interest and dividends per Schedule H of Form 5500	$ 226,496

The following is a reconciliation of net depreciation in fair value of investments per the financial statements for the year ended December 31, 2015 to Schedule H of Form 5500:

Net depreciation in fair value of investments per the financial statements	$ (794,358)
Classification difference between interest & dividends and realized and unrealized gain on investments	586,980
Classification difference between investment advisory & management fees and realized and unrealized gain on investments	20,984
Net depreciation in fair value of investments per Schedule H of Form 5500	$ (186,394)

13. Subsequent Events

The Plan was amended, effective January 1, 2016, to allow in-service distributions to participants 65 years or older.

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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning and ending

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

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC. AND SUBSIDIARIES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FCS INDUSTRIES, INC.

8938 S. RIDGELAND AVE.
OAK LAWN IL 60453

Electronic Filing Only

2b Employer Identification Number (EIN)
36-2700871

2c Plan Sponsor's telephone number
(708) 430-6674

2d Business code (see instructions)
484200

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	C.R.L	7/28/2016	CRAIG R. LOWRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	C.R.L	7/28/2016	CRAIG R. LOWRY
	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor Same	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	310
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)	310
a(2)	Total number of active participants at the end of the plan year	6a(2)	325
b	Retired or separated participants receiving benefits	6b	0
c	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines **6a(2), 6b,** and **6c.**	6d	325
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines **6d** and **6e**	6f	325
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	409
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	21
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Electronic Filing Only

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

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)	[X]	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			b General Schedules			
(1)	[ ]	**R** (Retirement Plan Information)	(1)	[X]		**H** (Financial Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ]		**I** (Financial Information – Small Plan)
			(3)	[X]	2	**A** (Insurance Information)
			(4)	[X]		**C** (Service Provider Information)
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

Electronic Filing Only

ATTACHMENT TO FORM 5500
EMPLOYEE PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC AND SUBSIDIARY COMPANIES

FEIN 36-2700871
Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **Year 2015**

(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
	American Exp Centurion Bank	01/27/17 3.40% Certificate of Deposit	55,000.00	55,792.32
	American Express Bank Fsb	11/13/19 1.80% Certificate of Deposit	130,000.00	131,443.53
	American Express Centurion Bank	10/03/17 1.55% Certificate of Deposit	50,000.00	50,193.66
	American Express Centurion Bk	10/25/17 1.00% Certificate of Deposit	9,000.00	8,974.74
	Bank Leumi Usa New York Ny	09/27/16 0.50% Certificate of Deposit	200,000.00	200,443.71
	Beneficial Mut Svg Bk	01/19/17 2.30% Certificate of Deposit	40,000.00	40,421.46
	Beneficial Mutual Savings	04/29/16 2.15% Certificate of Deposit	20,000.00	20,001.64
	Beneficial Mutual Svgs	01/19/16 2.00% Certificate of Deposit	75,000.00	75,672.05
	Bmw Bank Of North America	01/14/16 2.20% Certificate of Deposit	72,000.00	72,839.07
	Bristol County Savings Bank	03/27/17 3.05% Certificate of Deposit	60,000.00	60,009.44
	Cit Bank	11/06/18 2.15% Certificate of Deposit	20,000.00	20,071.58
	Cit Bank	10/30/20 2.75% Certificate of Deposit	80,000.00	80,376.10
	Discover Bank	05/04/16 2.15% Certificate of Deposit	8,000.00	8,021.00
	Discover Bank	10/23/18 2.10% Certificate of Deposit	40,000.00	40,155.00
	Enerbank Usa	02/25/16 3.00% Certificate of Deposit	55,000.00	55,018.07
	Flushing Savings Bk	11/15/16 2.30% Certificate of Deposit	45,000.00	45,042.09
	GE Capital Bank	08/05/16 1.50% Certificate of Deposit	12,000.00	12,084.00
	GE Capital Bank	07/11/17 1.10% Certificate of Deposit	35,000.00	35,178.44
	GE Capital Cd	01/30/17 3.40% Certificate of Deposit	40,000.00	40,601.92
	GE Capital Cd	02/06/17 3.30% Certificate of Deposit	65,000.00	65,861.74
	GE Capital Financial Cd	04/09/18 1.00% Certificate of Deposit	11,000.00	11,131.95
	GE Capital Finl	04/29/16 2.20% Certificate of Deposit	30,000.00	30,439.30
	GE Money Bank	04/25/16 3.05% Certificate of Deposit	50,000.00	49,925.65
	GE Money Bank	05/02/16 3.00% Certificate of Deposit	35,000.00	35,170.68
	GE Money Bank	05/31/16 2.75% Certificate of Deposit	8,000.00	8,018.87
	GE Money Bank	10/17/16 2.25% Certificate of Deposit	15,000.00	15,068.77
	GE Money Bank	07/10/17 3.00% Certificate of Deposit	10,000.00	10,137.18
	GE Money Bank	07/24/17 2.25% Certificate of Deposit	40,000.00	40,379.53
	GE Money Bank Cd	06/10/16 1.00% Certificate of Deposit	14,000.00	14,003.24
	GE Retail Bank	04/13/17 1.10% Certificate of Deposit	5,000.00	5,035.04
	GE Retail Bank	06/01/17 1.10% Certificate of Deposit	5,000.00	5,022.80
	Goldman Sachs Bank	01/18/17 1.90% Certificate of Deposit	150,000.00	151,219.03
	Goldman Sachs Bank	10/24/19 1.00% Certificate of Deposit	12,000.00	12,145.10
	Goldman Sachs Bank Usa	10/02/17 1.55% Certificate of Deposit	50,000.00	50,193.66
	Goldman Sachs Bank Usa	11/21/17 2.00% Certificate of Deposit	13,000.00	13,027.03
	Goldman Sachs Bank Usa	05/16/19 2.25% Certificate of Deposit	12,000.00	12,023.62
	Goldman Sachs Bk Usa	11/25/20 2.30% Certificate of Deposit	100,000.00	100,228.34
	Goldman Sachs Bk Usa	11/26/21 2.45% Certificate of Deposit	110,000.00	110,225.16
	Goldmans Sachs Bank	02/08/19 2.20% Certificate of Deposit	10,000.00	10,068.10
	Goldmans Sachs Bank	06/27/19 1.00% Certificate of Deposit	13,000.00	13,002.68
	JP Morgan Chase Bk Na	04/10/18 1.30% Certificate of Deposit	35,000.00	35,116.08
	Luana Savings Bank	01/22/16 3.00% Certificate of Deposit	80,000.00	81,078.28
	Newburyport Five Cent Svgs	07/29/16 3.50% Certificate of Deposit	10,000.00	10,013.34
	Republic Bank Inc	01/29/16 3.00% Certificate of Deposit	50,000.00	50,001.96
	Republic Bank Inc	03/14/16 3.70% Certificate of Deposit	10,000.00	10,010.20
	Safra National Bank	01/15/16 0.50% Certificate of Deposit	55,000.00	55,263.04
	Sallie Mae Bank	10/30/18 2.15% Certificate of Deposit	40,000.00	40,143.42
	Sallie Mae Bank Murray Utah	10/16/18 2.05% Certificate of Deposit	100,000.00	100,358.64

* Indicates a party-in-interest to the Plan

ATTACHMENT TO FORM 5500
EMPLOYEE PROFIT SHARING PLAN AND TRUST FOR EMPLOYEES OF FCS INDUSTRIES, INC AND SUBSIDIARY COMPANIES

FEIN 36-2700871
Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **Year 2015**

(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
	State Bank Of India	06/29/16 2.15% Certificate of Deposit	10,000.00	10,000.71
	State Bank Of India	10/28/16 0.75% Certificate of Deposit	53,000.00	53,011.22
	State Bank Of India	04/27/17 2.00% Certificate of Deposit	75,000.00	75,257.95
	Synchrony Bank	07/31/17 1.50% Certificate of Deposit	40,000.00	41,491.07
	The Little Bank Inc	12/22/16 2.00% Certificate of Deposit	35,000.00	35,016.43
	Valley National Bank	03/23/16 2.25% Certificate of Deposit	75,000.00	75,059.92
*	Wells Fargo Bank	04/13/22 1.75% Certificate of Deposit	75,000.00	75,330.75
	Fed Home Ln Mtg	04/15/23 6.85% US Govt Bond	1,000.00	1,060.00
	Fed Home Ln Mtg	07/15/23 6.55% US Govt Bond	7,000.00	7,420.00
	Fed Home Ln Mtg	09/15/23 6.50% US Govt Bond	1,673.72	1,742.37
	Fed Home Ln Mtg	03/15/28 6.40% US Govt Bond	2,000.00	2,140.00
	Fed Home Ln Mtg Multi Class	04/18/29 7.00% US Govt Bond	1,000.00	1,050.00
	Fed Natl Mtg Assc Remic	01/25/23 7.50% US Govt Bond	1,285.33	1,261.80
	Fed Natl Mtg Assc Remic	11/25/23 6.50% US Govt Bond	2,922.77	3,043.39
	Fed Natl Mtg Assc Remic	04/25/24 7.38% US Govt Bond	1,975.42	2,100.00
	Fed Natl Mtg Assc Remic	06/20/29 6.40% US Govt Bond	1,000.00	1,070.00
	Federal Home Loan Banks	12/13/19 4.13% US Govt Bond	15,000.00	16,306.50
	FGMC, Inc. #173053X	07/15/16 8.00% US Govt Bond	8.07	8.02
	Fleet Mtg Co. #340768	05/15/23 7.00% US Govt Bond	145.46	144.03
	GNMA Pool 569215	03/15/32 1.00% US Govt Bond	1,759.92	1,999.75
	Alameda Cnty Ca Pension Obl	12/01/18 4.64% Corporate Bond	40,567.45	50,743.00
	American Intl Group Inc Mtn	10/18/16 5.60% Corporate Bond	257,000.00	268,162.94
	American Intl Group Inc Notes	05/18/17 6.45% Corporate Bond	75,000.00	78,790.50
	Anheuser Busch Co Inc Note	10/15/16 5.05% Corporate Bond	15,000.00	15,462.90
	Apple Inc Note	05/06/21 2.85% Corporate Bond	95,000.00	97,289.50
	AT&T Inc Global Notes	02/01/18 5.50% Corporate Bond	75,000.00	80,174.25
	AT&T Inc Global Notes	02/15/19 5.80% Corporate Bond	50,000.00	55,162.50
	AT&T Inc Senior Global Note	02/15/22 3.00% Corporate Bond	75,000.00	73,521.00
	Bank Of Amer Corp Sr Nt	01/11/23 3.30% Corporate Bond	85,000.00	83,668.05
	Bank Of Amer Corpa	05/15/16 4.75% Corporate Bond	15,000.00	15,243.16
	Bank Of Amer Corpab	05/15/16 4.60% Corporate Bond	25,000.00	25,609.85
	Bank Of Amer Corpna Tionsbank Corp	11/15/24 8.57% Corporate Bond	22,000.00	27,948.55
	Bank Of Amer Corpo	05/15/16 6.25% Corporate Bond	25,000.00	25,416.67
	Bank Of America Corp Medium Term Inter No	08/15/16 3.80% Corporate Bond	60,000.00	61,531.53
	Bank Of America Corp Medium Term Inter No	09/15/16 3.75% Corporate Bond	28,000.00	28,653.57
	Bank Of America Corp Medium Term Inter No	09/15/17 4.10% Corporate Bond	75,000.00	78,381.92
	Bank Of America Corp Sr Not	01/11/18 2.00% Corporate Bond	130,000.00	129,834.90
	Barclays Bk Plc Mtn	01/26/16 3.00% Corporate Bond	23,000.00	23,004.14
	BB&T Corporation Sr Nt	04/29/16 3.95% Corporate Bond	107,000.00	108,817.16
	Bear Stearns Cos Inc Global Nt	01/22/17 5.55% Corporate Bond	34,000.00	35,333.14
	Bear Stearns Cos Inc Incoments	07/02/18 4.65% Corporate Bond	15,000.00	16,016.10
	Berkshire Hathaway Inc Sr Note	01/31/22 3.40% Corporate Bond	55,000.00	57,965.05
	Boeing Capital Corp	10/27/19 4.70% Corporate Bond	70,000.00	76,799.80
	BP Capital Markets Plc	02/10/24 1.00% Corporate Bond	110,000.00	109,942.80
	Can Financial	01/15/18 6.95% Corporate Bond	50,000.00	56,025.26
	Capital One Finl Corp	09/01/16 6.15% Corporate Bond	241,000.00	253,264.48
	Citigroup In Senior Note	05/15/18 6.13% Corporate Bond	45,000.00	49,138.20

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FEIN 36-2700871
Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **Year 2015**

(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
	Citigroup Inc Global Note	08/15/17	6.00%	Corporate Bond	70,000.00	74,813.20
	Citigroup Inc.	11/21/17	6.13%	Corporate Bond	100,000.00	108,357.70
	Columbia Rep Debenture	02/15/16	6.00%	Corporate Bond	230,000.00	231,881.40
	Comcast Corp Senior Noate	07/15/22	3.13%	Corporate Bond	55,000.00	55,894.85
	Comerica Bk Detroit Mich	08/22/17	5.20%	Corporate Bond	145,000.00	154,818.43
	Countrywide Financial Corp	05/15/16	6.25%	Corporate Bond	492,000.00	504,224.29
	Dean Witter Discover & Co	01/01/16	6.75%	Corporate Bond	186,000.00	192,277.50
	Devon Energy Corp Senior Note	05/15/22	3.25%	Corporate Bond	130,000.00	110,505.20
	Du Pont E I De Nemours & Co	03/15/19	5.75%	Corporate Bond	50,000.00	54,896.50
	Ebay Inc	10/15/20	3.25%	Corporate Bond	100,000.00	101,637.00
	Enterprise Products Llc	02/15/24	3.90%	Corporate Bond	125,000.00	116,626.25
	Evansville Vanderbaugh In Rev	07/15/21	2.75%	Corporate Bond	40,000.00	40,733.60
	Ford Motor Cr Llc	08/15/17	6.63%	Corporate Bond	200,000.00	218,181.56
	Ford Motor Credit Co	01/15/20	8.13%	Corporate Bond	100,000.00	121,550.83
	Ford Motor Credit Co Llc	03/20/16	1.60%	Corporate Bond	100,000.00	100,302.89
	Ford Motor Credit Notes	03/20/19	1.00%	Corporate Bond	50,000.00	49,321.63
	Ge Capital Corp Internotes	08/15/22	4.25%	Corporate Bond	67,000.00	70,840.44
	Ge Capital Corp Internotes	09/15/22	4.25%	Corporate Bond	17,000.00	17,855.44
	General Elec Cap Corp	09/07/22	3.15%	Corporate Bond	80,000.00	81,879.20
	Georgia Power Co Senior Note	12/01/19	4.25%	Corporate Bond	85,000.00	90,729.00
	Goldman Sachs Group Inc.	03/03/24	4.00%	Corporate Bond	65,000.00	66,714.70
	Goldman Sachs Group Notes	02/07/16	3.63%	Corporate Bond	20,000.00	20,050.80
	Goldman Sachs Group Notes	03/15/21	2.75%	Corporate Bond	75,000.00	74,152.67
	Goldman Sachs Grp Inc Notes	02/15/17	3.25%	Corporate Bond	100,000.00	101,343.44
	Goldman Sachs Grp Inc Notes	03/15/17	3.75%	Corporate Bond	50,000.00	51,012.83
	Goldman Sachs Grp Inc Notes	05/15/19	4.15%	Corporate Bond	20,000.00	20,997.69
	Goldman Sachs Grp Inc Sr Nt	01/18/18	5.95%	Corporate Bond	20,000.00	21,539.60
	Hartford Financial Svcs Senior Note	03/15/17	5.38%	Corporate Bond	75,000.00	78,224.25
	Health Care Ppty Inv Inc Notes	05/01/17	5.63%	Corporate Bond	200,000.00	211,075.00
	HSBS Finance Corp Inter Notes	02/15/18	5.30%	Corporate Bond	10,000.00	10,668.30
	HSCB Finance Corp	07/15/17	6.00%	Corporate Bond	15,000.00	15,869.70
	Huntington National Bank	06/30/18	2.00%	Corporate Bond	150,000.00	149,063.33
	Illinois St	07/01/21	6.20%	Corporate Bond	60,000.00	63,243.00
	Illinois State Go Pension	06/01/18	4.35%	Corporate Bond	40,000.00	40,472.40
	International Lease Fin Corp	05/15/16	5.75%	Corporate Bond	100,000.00	102,109.72
	J P Morgan Chase	02/01/18	7.25%	Corporate Bond	120,000.00	135,776.30
	J P Morgan Chase & Co	03/01/16	3.45%	Corporate Bond	45,000.00	45,694.80
	J P Morgan Chase & Co Note	04/23/19	6.30%	Corporate Bond	15,000.00	16,819.50
	J P Morgan Chase & Co Sr Note	01/15/18	6.00%	Corporate Bond	85,000.00	91,805.10
	Johnson Controls Inc Nt	07/15/17	7.13%	Corporate Bond	137,000.00	151,391.05
	JP Morgan Chase & Co Sr Note	01/15/16	2.60%	Corporate Bond	65,000.00	65,027.30
	Lincoln Natl Corp Ind	03/15/18	7.00%	Corporate Bond	255,000.00	284,789.38
	Mattel Inc. Note	03/15/23	3.15%	Corporate Bond	25,000.00	23,838.00
	Merrill Lynch & Co Notes	07/15/18	6.50%	Corporate Bond	45,000.00	49,736.25
	Merrill Lynch Co Inc Mtn Be	08/28/17	6.40%	Corporate Bond	125,000.00	136,633.33
	Mo St Hlth &Edl Rev Semo Babs	10/01/17	4.13%	Corporate Bond	15,000.00	15,070.05
	Modesto Ca Irr Dist Elec	10/01/21	5.78%	Corporate Bond	50,000.00	55,914.50
	Morgan Stanley Med Term Note	09/07/18	4.00%	Corporate Bond	20,000.00	20,964.13
	Morgan Stanley Mtn	12/28/17	5.95%	Corporate Bond	136,000.00	146,312.31

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	National Rural Util Corp	12/15/20	2.60%	Corporate Bond	125,000.00	126,005.83
	New Jersey Economic Dev Auth	02/15/25	1.00%	Corporate Bond	74,553.55	88,061.40
	Oakland Ca Pension Oblig Rev	12/15/22	5.56%	Corporate Bond	98,913.15	132,548.40
	Ohio Major New St Infra	06/15/20	4.42%	Corporate Bond	30,000.00	32,202.00
	Orix Corporation	03/09/17	3.75%	Corporate Bond	200,000.00	205,961.67
	Oyster Bay Ny Go	10/01/20	2.50%	Corporate Bond	40,000.00	38,491.20
	Piedmont Mun Pwr Agy Sc	01/01/17	4.34%	Corporate Bond	30,000.00	30,388.50
	Pnc Fdg Corp Sub Nt	02/01/17	5.63%	Corporate Bond	231,000.00	245,568.59
	Rosemont II Corp Purp	12/01/18	4.72%	Corporate Bond	30,000.00	31,244.40
	Royal Bank Scotlanda	03/15/16	4.05%	Corporate Bond	5,000.00	5,016.94
	Royal Bank Scotlandb	02/15/16	4.25%	Corporate Bond	5,000.00	5,020.58
	Royal Bank Scotlandc	03/15/16	4.00%	Corporate Bond	34,000.00	34,155.26
	Royal Bank Scotlandd	04/15/16	4.00%	Corporate Bond	29,000.00	29,226.38
	Santander Hldgs Usa	04/19/16	4.63%	Corporate Bond	75,000.00	76,351.50
	St Jude Medical Inc Senior Nt	04/15/23	3.25%	Corporate Bond	75,000.00	73,638.75
	Suntrust Bank	12/01/17	5.45%	Corporate Bond	26,000.00	27,716.39
	Suntrust Bk Atlanta	01/17/17	1.00%	Corporate Bond	162,000.00	171,214.38
	Target Corp Medium Term Notes	05/15/18	4.88%	Corporate Bond	10,000.00	10,683.90
	Tennessee Gas Pipeline Co	04/01/17	7.50%	Corporate Bond	125,000.00	128,381.25
	Time Warner Inc Senior Note	06/15/22	1.00%	Corporate Bond	60,000.00	59,728.20
	Toronto Dominion Bank Multi Step Up Bond	11/30/22	1.00%	Corporate Bond	100,000.00	100,266.67
	Ubs Ag Stamford Brh	07/15/16	1.00%	Corporate Bond	250,000.00	255,557.50
	Unum Group	07/15/18	7.00%	Corporate Bond	38,000.00	43,271.19
	Us Bancorp Sub Med Term Notes	07/15/22	2.95%	Corporate Bond	50,000.00	50,502.64
	Verizon Commn Inc Note	03/15/24	4.15%	Corporate Bond	95,000.00	97,627.70
	Walgreen Co Nt	09/15/22	3.10%	Corporate Bond	75,000.00	72,632.25
	Walnut Ca Energy Crt Auth	01/01/23	4.42%	Corporate Bond	15,000.00	16,901.25
*	Wells Fargo & Co	04/01/21	4.60%	Corporate Bond	60,000.00	65,407.80
*	Wells Fargo & Co Unsecd Nt	12/11/17	5.63%	Corporate Bond	35,000.00	37,549.40
	Wilmington Trust Corp	04/02/18	8.50%	Corporate Bond	215,000.00	246,723.25
	Xerox Corp Med Term Notes	04/01/16	7.20%	Corporate Bond	30,000.00	30,927.60
	Alps Sterling Etf Tact		5,195	Shares of mutual fund	52,489.94	48,984.45
	American Century Heritage 401K		2,136	Shares of mutual fund	41,049.80	45,337.03
	American Century Heritage Company		2,548	Shares of mutual fund	45,054.51	54,089.92
	American High Income Trust Cl A		16,263	Shares of mutual fund	164,410.53	152,054.73
	Artisian Midcap Value 401K		2,155	Shares of mutual fund	44,321.82	40,397.53
	Asgi Agility Fund		416	Shares of mutual fund	433,163.08	408,351.94
	Brown Advisory Growth Equity		8,209	Shares of mutual fund	148,768.16	158,999.17
	Capital Income Builder Fund		7,714	Shares of mutual fund	443,802.60	430,823.49
	Capital World Growth & Income		1,373	Shares of mutual fund	60,872.40	59,548.24
	Causeway International Value Investor		5,084	Shares of mutual fund	73,499.62	71,131.81
	Clearbridge Legg Mason Equity Inc Builder		5,337	Shares of mutual fund	106,333.57	101,409.19
	Eaton Vance Adv Sr Floting Rt Advantage Fund		24,335	Shares of mutual fund	254,401.90	245,786.96
	Euro Pacific Grwth Fund		10,657	Shares of mutual fund	492,818.29	483,516.03
*	Fidelity Large Cap		8,452	Shares of mutual fund	228,059.54	220,839.08
*	Fidelity Asset Manager 40% Ffanx		7,089	Shares of mutual fund	73,930.00	73,509.57
*	Fidelity Equity Income		602	Shares of mutual fund	32,234.51	30,761.86
*	Fidelity Growth Fund		1,992	Shares of mutual fund	248,323.29	272,843.78

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*	Fidelity Low Price	3,959 Shares of mutual fund	190,126.25	189,056.43
*	Fidelity Midcap 401K	6,505 Shares of mutual fund	223,503.50	212,901.78
*	Fidelity Midcap Company Plan	123 Shares of mutual fund	309.09	4,015.51
*	Fidelity Small Cap Value 401 K Plan	2,199 Shares of mutual fund	36,622.24	36,809.77
*	Fidelity Small Cap Value Company Plan	2,680 Shares of mutual fund	42,550.53	44,864.89
	First Eagle Gold Fund Class A	2,733 Shares of mutual fund	38,695.10	31,234.82
	First Eagle Overseas Fund Class A	7,120 Shares of mutual fund	152,951.10	156,428.09
	Growth Fund Of America	16,156 Shares of mutual fund	635,648.17	667,095.61
	Guggenheim Etf S&P 500 Equal Weighted Index Fund	250 Shares of mutual fund	20,012.50	19,160.00
	Hartford Mut Fds Dividend & Growth	3,697 Shares of mutual fund	84,112.71	82,889.86
	Hartford Mutual Cap Apprec.Fund	6,179 Shares of mutual fund	209,174.92	211,950.26
	Hartford Mutual Fds Small Co Fd	10,983 Shares of mutual fund	198,620.04	181,878.58
	Hartford Mutual Midcap Fund	9,815 Shares of mutual fund	227,128.00	230,266.21
	Income Fund Of America	4,174 Shares of mutual fund	85,712.44	84,447.59
	Investment Co. Of America	18,406 Shares of mutual fund	623,157.43	614,192.44
	Ivy Asset Strategy Fund Cl A	6,885 Shares of mutual fund	164,943.83	151,065.79
	Laudus Growth Investors Us Large Cap Growth	14,845 Shares of mutual fund	231,584.66	246,125.82
	Lord Abbett Short Dur Income Fund	30,687 Shares of mutual fund	131,690.59	132,260.60
	Matthews Asia Dividend Fund	6,389 Shares of mutual fund	91,143.88	98,127.50
	Matthews Asia Small Companies Fund	5,369 Shares of mutual fund	115,289.39	104,212.50
	Neuberger Berman Genesis	895 Shares of mutual fund	27,505.51	27,576.63
	New World Fund	5,710 Shares of mutual fund	303,697.19	285,516.80
	New Perspective Fund	39,215 Shares of mutual fund	1,340,908.55	1,412,510.76
	Nustar Energy Lp	1,740 Shares of mutual fund	100,485.00	69,774.00
	Oppenheimer Developing Mkts Fds Cl A	3,534 Shares of mutual fund	125,022.73	107,443.21
	Ridgeworth Seix Float Rate High Inc	31,453 Shares of mutual fund	262,872.54	259,805.50
	Riverpark Large Growth Retail	5,288 Shares of mutual fund	94,570.09	91,423.66
	Spartan 500 Index Fund Advantage Class	8,681 Shares of mutual fund	616,478.54	623,288.48
	Spartan Extended Mkt Index Fid Adv Class	4,703 Shares of mutual fund	251,324.48	236,109.27
	Voya Corporate Leaders Trust	3,405 Shares of mutual fund	110,434.39	97,863.81
	Wasatch International Growth	2,758 Shares of mutual fund	70,828.22	83,347.94
	Washington Mutual Investors Fund	35,300 Shares of mutual fund	1,359,185.62	1,356,922.31
*	Wells Fargo Advantage Emerging Markets Growth Admi	3,442 Shares of mutual fund	71,011.30	61,605.86
	Abbot Laboratories	800 Shares Common Stock	36,016.00	35,928.00
	Abbvie Inc	800 Shares Common Stock	52,352.00	47,392.00
	American Express Co	500 Shares Common Stock	46,520.00	34,775.00
	Apple Inc	700 Shares Common Stock	77,266.00	73,682.00
	AT&T Inc.	1,500 Shares Common Stock	50,385.00	51,615.00
	Bank Of America	1,200 Shares Common Stock	21,468.00	20,196.00
	Bank Of America Pfd Corp 6.625%	1,435 Shares Common Stock	38,522.40	38,371.90
	Boeing Co	700 Shares Common Stock	90,986.00	101,213.00
	Briston Meyers Squibb	1,850 Shares Common Stock	109,205.50	127,261.50
	Citigroup Inc. Pfd 6.875%	1,400 Shares Common Stock	38,308.37	38,459.40
	Du Pnt E I De Nemour & Co	1,000 Shares Common Stock	73,940.00	66,600.00
	Ford Motor Company	3,200 Shares Common Stock	49,600.00	45,088.00
	Gaslog Ltd	3,550 Shares Common Stock	69,862.25	29,465.00
	General Electric Co	3,942 Shares Common Stock	99,614.34	122,793.30
	JP Morgan Pfd 6.15%	1,480 Shares Common Stock	38,501.80	38,361.60

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **Year 2015**

(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
	Metlife	1,200	Shares	Common Stock	64,908.00	57,852.00
	Pengrowth Energy Cl	13,400	Shares	Common Stock	33,797.15	9,824.88
	Purefunds Ise Cyber Ecurity Etc	2,500	Shares	Common Stock	75,284.45	64,750.00
	Sanofi Spons Adr	2,000	Shares	Common Stock	91,220.00	85,300.00
	Sierra Wireless, Inc.	1,800	Shares	Common Stock	40,292.05	28,332.00
	Starbucks Corp	1,600	Shares	Common Stock	65,640.00	96,048.00
	Trinity Industries, Inc.	1,500	Shares	Common Stock	40,426.15	36,030.00
	United Parcel Service	600	Shares	Common Stock	66,702.00	57,738.00
	United Rentals Inc	1,200	Shares	Common Stock	90,851.30	87,048.00
	United Technologies Corp	500	Shares	Common Stock	57,500.00	48,035.00
	Verizon Communications	1,000	Shares	Common Stock	46,780.00	46,220.00
*	Wells Fargo & Co Pfd 6%	1,460	Shares	Common Stock	38,448.80	38,325.00
	Hartford Life Annuity 07/01/2019		6.55%	Investment Contract	209,125.00	222,822.59
	American General 9/20/2018		2.25%	Investment Contract	102,862.68	105,177.06
	Fidelity Cash Reserves			Money Market	345,578.60	345,578.60
	Charles Schwab Money Market Fund			Money Market	11,191.92	11,191.92
	Edward Jones Money Market Fund			Money Market	23,188.24	23,188.24
	JP Morgan Prime Money Market Fund			Money Market	2,154.64	2,154.64
	Wachovia Money Market Fund			Money Market	1,160.84	1,160.84
	Wachovia II Money Market Fund			Money Market	11,240.16	11,240.16

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisition	(d) Proceeds of dispositions
None in 2015			

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