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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2008

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)
MANLEY, DEAS & KOCHALSKI, LLC

1400 GOODALE BLVD., SUITE 200
GRANDVIEW, OH 43212

1400 GOODALE BLVD., SUITE 200
GRANDVIEW, OH 43212

2b Employer Identification Number (EIN)
13-4225050

2c Plan Sponsor's telephone number
614-220-5611

2d Business code (see instructions)
541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	D. BRIAN MEADORS
	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**	218
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)**	66
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66
b	Retired or separated participants receiving benefits	**6b**	137
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	203
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	203
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 1D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	3910772
b Actuarial value	**2b**	3910772

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	57	50901	50901
c For active participants	145	2849293	2874780
d Total	202	2900194	2925681

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.40%
6 Target normal cost	**6**	446800

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2016
Date

TIMOTHY A. BRUMBAUGH, A.S.A.
Type or print name of actuary

14-04926
Most recent enrollment number

NILES LANKFORD GROUP, INC.
Firm name

574-936-6200
Telephone number (including area code)

1500 NORTH OAK DRIVE
PLYMOUTH, IN 46563
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5916
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	5916
10	Interest on line 9 using prior year's actual return of 5.71%	0	338
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		549721
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.61%		36337
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		586058
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6254

Part III Funding Percentages

14	Funding target attainment percentage	14	133.45 %
15	Adjusted funding target attainment percentage	15	133.67 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	132.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/20/2016	40000		06/17/2016	35000	
05/03/2016	30000		06/23/2016	35000	
05/12/2016	30000		07/05/2016	35000	
05/19/2016	35000		07/09/2016	35000	
05/27/2016	35000		07/16/2016	35000	
06/06/2016	35000		07/23/2016	35000	
			Totals ► 18(b)	450000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	411266

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of ____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/30/2016	35000				
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	446800
b Excess assets, if applicable, but not greater than line 31a	**31b**	446800

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	411266

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	411266
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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) ▶	
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MANLEY, DEAS & KOCHALSKI, LLC	13-4225050	

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)

FIRST MERCHANTS BANK N.A.

35-6412246

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	16733	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 ☐

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
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

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)	533333	450000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13257	10915
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	261512	445047
(2) U.S. Government securities	1c(2)	601111	153821
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1476276	1460087
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	988606	144036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	50988	50280

		(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	3925083	2714186
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3925083	2714186

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)	450000	
(B) Participants	2a(1)(B)		
(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)		450000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55644	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55644
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1899	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1899

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		503745
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1697908	
(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)		1697908
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)	16734	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16734
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1714642
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1210897
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHN GERLACH & COMPANY, LLP **(2)** EIN: 31-4419361

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			1000000
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				
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				
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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ **Yes**	☐ **No**
11 a	Does the ESOP hold any preferred stock?	☐ **Yes**	☐ **No**
b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ **Yes**	☐ **No**
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ **Yes**	☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

FINANCIAL STATEMENTS

For the Years Ended
December 31, 2015 and 2014

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

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To the Board of Trustees of
Manley Deas & Kochalski, LLC Cash Balance Plan

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Manley Deas & Kochalski, LLC Cash Balance Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2014, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by First Merchants Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

In addition, because certain prior year records were not available, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2015.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules, Assets Held for Investment Purposes as of December 31, 2015 and 2014, and Reportable Transactions for the Year Ended December 31, 2015, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis but are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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



Columbus, Ohio
October 7, 2016

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2015 and 2014

	2015	2014
ASSETS		
Cash	$ 188	$ 2,552
Investments at fair value:		
Money market funds	119,930	63,960
Certificates of deposit	324,929	195,000
US government notes	153,821	601,111
Taxable municipal bonds	50,280	50,988
ETF's	-	389,193
Mutual funds	144,036	599,413
Corporate bonds and notes	1,460,087	1,476,276
Total Investments	2,253,083	3,375,941
Receivables:		
Employer contribution	450,000	533,333
Accrued interest and dividends	10,915	13,257
Total Receivables	460,915	546,590
Total Assets	2,714,186	3,925,083
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,714,186	$ 3,925,083

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2015 and 2014

	2015	2014
Investment Income:		
Interest and dividends	$ 55,644	$ 80,448
Net appreciation in fair value of investments	-	86,480
Employer's contribution	450,000	600,000
Total Additions	505,644	766,928
Benefits paid to participants	1,697,908	-
Net depreciation in fair value of investments	1,899	-
Administrative expenses	16,734	17,246
Total Deductions	1,716,541	17,246
Net Increase (Decrease)	(1,210,897)	749,682
Net Assets Available for Plan Benefits		
Beginning of Year	3,925,083	3,175,401
End of Year	$ 2,714,186	$ 3,925,083

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

As of December 31, 2014

	2014
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants currently receiving payments	$ -
Other participants	3,959,751
Nonvested benefits	66,363
Total Actuarial Present Value of Accumulated Plan Benefits	$ 4,026,114

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended December 31, 2014

	2014
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 3,236,566
Increase (Decrease) During the Year Attributable to:	
Benefits accumulated	654,632
Increase for interest	161,828
Actuarial (gains) and losses	(26,912)
Net Increase	789,548
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 4,026,114

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2015

Note 1 - DESCRIPTION OF PLAN:

The following brief description of the Manley Deas & Kochalski, LLC Cash Balance Plan (Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a non-contributory, defined benefit pension plan established effective January 1, 2008. The Plan covers certain eligible employees based upon job title of Manley Deas & Kochalski, LLC and affiliated companies (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - Subject to the provisions of the Plan, effective January 1, 2008, a participant earns the right to receive a pension benefit when one of the following thresholds is met:

- Participants are 100% vested after the completion of 3 years of service;
- Participants are eligible to start receiving payments after reaching the later of normal retirement age (62) and 3 years of participation in the Plan, while in covered employment.

Aggregate period of service includes all periods of service completed by the participant whether or not such periods of service were completed consecutively. The years of service must occur without a 5 year break in service.

If a participant terminates employment with the Company before rendering three years of service, they forfeit their right to receive the nonvested portion of their accumulated plan benefits.

Depending on circumstances described under the Plan, benefits can be paid in the form of a single lump-sum payment, life annuity, or a qualified joint and survivor annuity.

Under the Plan, upon termination of employment with the Company, a participant can withdraw their vested account balance in the Plan, roll it over into an individual retirement account or other tax qualified retirement plan, or maintain their account balance in the Plan and continue to earn interest in accordance with the terms of the plan.

The Plan's benefit formula is the cash balance plan formula. Under the cash balance plan formula, if an individual is not an officer or an owner, their unit cash benefit is 2% of their pay for each year in which they are entitled to earn a unit cash benefit, but not less than an equal dollar amount for each participant who is not an officer or an owner up to the amount that allows the plan to meet the requirements prescribed in the Internal Revenue Code. The non officer or owner cash balance benefit will not exceed 100% of the participants pay in any year. The non officer or owner benefit is not less than the greater of 0.5% of the participants pay for each year or the vested top heavy minimum benefit.

An officer or an owner who is a plan participant is eligible for a unit cash benefit of the least of ten times their benefit compensation or the maximum amount during any Plan year allowable under the Internal Revenue Code.

Note 1 - DESCRIPTION OF PLAN (Continued):

For the purpose of calculating contributions, compensation of a participant cannot exceed the Internal Revenue Service annual compensation limit. Each participant's account is credited, at the end of the Plan year, with interest based on the interest rate of high-quality corporate bonds.

Death and Disability Benefits - If a participant dies on or after the normal retirement date, a death benefit will be paid to the participant's spouse in the form of a qualified joint and survivor annuity or to the beneficiary in a lump-sum payment. In addition, if a participant dies before the normal retirement date, the spouse will be eligible for the pre-retirement survivor annuity, as defined in the Plan agreement. Active employees who become disabled may request payment of their entire accrued benefit.

Income Tax - The Plan Administrator has received a favorable determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan as amended, is currently being operated in compliance with applicable requirements of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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.

Valuation of Investments - Plan investments are stated at fair value. Quoted market prices are used to measure the fair value of investments.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

The actuarial present value of accumulated Plan benefits is determined by an actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2015 are (a) life expectancy of participants (the IRS 2015 417(e)(3) Applicable Morality Table for males and females was used), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2014 valuation included an assumed average rate of return of 5%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Note 3 - FUNDING POLICY:

The Company's funding policy is to make annual contributions to the Plan based on an actuarial calculation of the Plan's normal cost, plus any additional amounts, to prevent a funding deficiency as determined by law. The Company's contributions for 2015 and 2014 met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 4 - PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan generally will not be available on a pro-rata basis to provide participants' benefits. Certain vested benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency. Whether a particular participant's accumulated Plan benefits will be received if the Plan terminates will depend on the priority of those benefits, the Plan's net assets at that time, and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - ECONOMIC RISK OF INVESTMENTS:

The Plan invests in various investment securities. Investment securities are exposed to multiple 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 the amounts reported in these financial statements.

Note 6 - INVESTMENT CONTRACT:

The Plan has an investment contract with First Merchants Trust Company.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2015	2014
Investments:		
Money Market Funds	$ 119,930	$ 63,960
Certificates of Deposits	324,929	195,000
US Government Notes	153,821	601,111
Taxable Municipal Bonds	50,280	50,988
ETF's	-	389,193
Mutual Funds	144,036	599,413
Corporate Bonds and Notes	1,460,087	1,476,276
Total Investments	2,253,083	3,375,941
Investment Income:		
Interest and Dividends	$ 55,644	$ 80,448
Net Appreciation (Depreciation) in Fair Value Invstments	(1,899)	86,480
Total Investment Income	$ 53,745	$ 166,928

Note 7 - PLAN EXPENSES:

Certain expenses of the Plan are paid by the Plan sponsor, Manley Deas & Kochalski, LLC.

Note 8 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

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

Note 8 -ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (Continued):

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means, and if the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Exchange Traded Funds (ETF's) are valued at the net asset value of shares held by the plan at year end. Mutual funds are valued at the net asset value of shares held by the plan at year end.

Assets measured at fair value on a recurring basis were as follows:

	December 31, 2015			
Description	Total	Level 1	Level 2	Level 3
Money Market Fund	$ 119,930	$ 119,930	$ -	$ -
Certificates of Deposit	324,929	324,929	-	-
US Government Notes	153,821	153,821	-	-
Taxable Municipal Bonds	50,280	50,280	-	-
Mutual Funds	144,036	144,036	-	-
Corporate Bonds and Notes	1,460,087	1,460,087	-	-
Total Assets	$ 2,253,083	$ 2,253,083	$ -	$ -

	December 31, 2014			
Description	Total	Level 1	Level 2	Level 3
Money Market Fund	$ 63,960	$ 63,960	$ -	$ -
Certificates of Deposit	195,000	195,000	-	-
US Government Notes	601,111	601,111	-	-
Taxable Municipal Bonds	50,988	50,988	-	-
ETF's	389,193	389,193		
Mutual Funds	599,413	599,413	-	-
Corporate Bonds and Notes	1,476,276	1,476,276	-	-
Total Assets	$ 3,375,941	$ 3,375,941	$ -	$ -

Note 9 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The Plan Administrator has analyzed the positions taken by the plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

Note 10 - ACCOUNTING CHANGES:

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted.

Management has elected to adopt Part II early. Accordingly, the amendments were retrospectively applied resulting in the Investment disclosure (note #5 in the prior year financial statements) being excluded from the December 31, 2015 financial statements.

Note 11 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through October 7, 2016, which is the date the financial statements were available to be issued.

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	$ 119,930	$ 119,930
	Certificates of Deposit					
	American Express Cent Bk	0.750%	2/22/16	25,000	25,000	25,008
	Charter Bank	0.750%	7/6/16	50,000	50,000	50,022
	Everbank	0.250%	1/8/16	50,000	50,000	50,000
	S & T Bank	0.350%	3/24/16	50,000	50,000	49,980
	Sterling Bank & Trust	0.350%	3/30/16	50,000	50,000	49,976
	ESSA Bank & Trust	0.400%	6/30/16	50,000	50,000	49,954
	Independence Bank	0.250%	7/6/16	50,000	50,000	49,989
					325,000	324,929
	U.S. Government Notes					
	U.S. Treasury Note	0.750%	10/31/17	50,000	49,497	49,735
	U.S. Treasury Note	1.000%	5/31/18	15,000	14,925	14,923
	U.S. Treasury Note	1.500%	12/31/18	25,000	24,934	25,113
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,705
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,345
					152,247	153,821
	Taxable Municipal Bonds					
	Fremont Mi Pub Sch Dist Txbl	4.900%	5/1/16	25,000	26,850	25,296
	Caledonia MI Comm Schs Goung	1.350%	5/1/17	25,000	25,188	24,984
					52,038	50,280
	Mutual Funds					
	Northern Midcap Index	N/A	Demand	-	21,021	18,480
	Vanguard Midcap Index Fund Admiral Class	N/A	Demand	-	21,317	20,273
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	77,775	76,116
	Vanguard Reit Index Fund Admiral Class	N/A	Demand	-	11,663	11,862
	Vanguard Small Cap Value Index Admiral Class	N/A	Demand	-	14,806	14,458
	American Europacific Growth	N/A	Demand	-	2,998	2,847
					149,580	144,036
	Corporate Bonds and Notes					
	BB&T Corp	3.200%	3/15/16	25,000	25,850	25,069
	Berkshire Hathaway	2.200%	8/15/16	25,000	25,000	25,212
	Stryker Corp Sr Notes	2.000%	9/30/16	25,000	25,581	25,189
	Colgate Palmolive	1.300%	1/15/17	25,000	25,012	25,046
	Occidental Petroleum	1.750%	2/15/17	50,000	50,499	50,100
	CISCO Systems	3.150%	3/14/17	25,000	25,784	25,616
	Lowes Corp	1.625%	4/15/17	20,000	20,139	20,124
	Boeing Capital Corp	2.900%	8/15/18	25,000	26,187	25,783

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
Corporate Bonds and Notes (Continued)						
	Anheuser Busch Cos	5.000%	1/1/19	50,000	58,909	53,844
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	50,671
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,347
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,827
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,420
	Baxter International	0.950%	6/1/16	15,000	15,101	14,991
	Chevron Corp	1.104%	12/5/17	30,000	30,165	29,794
	BB&T Corp	1.450%	1/12/18	40,000	39,810	39,740
	Berhshire Hathway	1.550%	2/9/18	25,000	25,185	25,041
	Occidental Petroleum	1.500%	2/15/18	50,000	49,625	49,386
	Costco	1.700%	12/15/19	25,000	24,974	24,789
	EMC	2.650%	6/1/20	40,000	40,446	35,528
	Pepsico	3.125%	11/1/20	50,000	52,688	51,769
	United Technologies	3.100%	6/1/22	50,000	49,975	50,888
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,467
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,396
	Chevron	3.191%	6/24/23	50,000	49,900	50,266
	Oracle Corp	3.625%	7/15/23	50,000	50,920	51,719
	Lowes Corp	2.125%	4/15/16	25,000	25,855	25,060
	Oracle Corp	1.200%	10/15/17	25,000	24,911	25,013
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	40,344
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,131
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	21,321
	Amgen	3.875%	11/15/21	20,000	21,020	20,838
	Medtronic Inc.	3.125%	3/15/22	20,000	20,095	20,202
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,133
	IBM Corp	3.375%	8/1/23	50,000	51,150	50,772
	Bed Bath & Beyond	3.749%	8/1/24	60,000	60,345	58,523
	Medtronic Inc.	1.375%	4/1/18	40,000	40,048	39,786
	US Bancorp	2.200%	4/25/19	50,000	50,649	50,366
	Baxter International	4.500%	8/15/19	25,000	28,439	26,495
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,697
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,482
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	49,902
					1,481,286	1,460,087
	Total Investments				$ 2,280,081	$ 2,253,083

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2014

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 05	Variable	Demand	-	$ 63,960	$ 63,960
	Certificates of Deposit					
	Ally Bank	0.550%	2/9/15	50,000	50,000	50,000
	Discover Bank	0.550%	2/27/15	25,000	25,000	25,000
	GE Capital Bank	0.600%	3/6/15	45,000	45,000	45,000
	American Express Cent Bk	0.750%	2/22/16	25,000	25,000	25,000
	Charter Bank	0.750%	7/6/16	50,000	50,000	50,000
					195,000	195,000
	U.S. Government Notes					
	U.S. Treasury Note	0.750%	10/31/17	50,000	49,497	49,601
	U.S. Treasury Note	1.000%	5/31/18	15,000	14,925	14,855
	U.S. Treasury Note	1.500%	12/31/18	25,000	24,934	25,033
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,592
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,147
	U.S. Treasury Note	1.875%	6/30/20	75,000	75,188	75,504
	U.S. Treasury Note	2.000%	2/28/21	75,000	75,035	75,516
	U.S. Treasury Note	2.000%	2/15/21	120,000	118,559	120,300
	U.S. Treasury Note	2.000%	2/15/23	75,000	73,102	74,719
	U.S. Treasury Note	2.500%	5/15/24	50,000	50,135	51,508
	U.S. Treasury Note	2.250%	11/15/24	50,000	49,906	50,336
					594,172	601,111
	Taxable Municipal Bonds					
	Fremont Mi Pub Sch Dist Txbl	4.900%	5/1/16	25,000	26,850	26,079
	Caledonia MI Comm Schs Goung	1.350%	5/1/17	25,000	25,188	24,909
					52,038	50,988
	ETF's					
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	37,420	46,784
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	37,025	47,041
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	30,326	34,085
	Guggenheim EQ Wght S&P 500 ETF	N/A	Demand	-	238,954	261,283
					343,725	389,193
	Mutual Funds					
	T Rowe Midcap Growth	N/A	Demand	-	73,725	86,603
	Vanguard Intl Growth Admiral Shares	N/A	Demand	-	9,796	9,471
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	228,006	259,510
	Columbia Midcap Value Fund Class R5	N/A	Demand	-	91,809	85,996
	Dodge & Cox International	N/A	Demand	-	10,192	9,472
	Vanguard Reit Index Fund Admiral Class	N/A	Demand	-	69,273	81,715
	Vanguard Small Cap Value Index Admiral Class	N/A	Demand	-	32,655	33,326
	Vanuard Small Cap Index Admiral Class	N/A	Demand	-	28,391	33,320
					543,847	599,413

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2014

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
Corporate Bonds and Notes						
	Teva Pharmaceuticals	3.000%	6/15/15	25,000	25,719	25,238
	Hewlett Packard	2.125%	9/13/15	50,000	50,229	50,393
	Procter & Gamble	1.800%	11/15/15	20,000	19,943	20,228
	BB&T Corp	3.200%	3/15/16	25,000	25,850	25,576
	Hewlett Packard	2.650%	6/1/16	25,000	25,703	25,474
	Berkshire Hathaway	2.200%	8/15/16	25,000	25,000	25,521
	Stryker Corp Sr Notes	2.000%	9/30/16	25,000	25,581	25,421
	Colgate Palmolive	1.300%	1/15/17	25,000	25,013	25,130
	Occidental Petroleum	1.750%	2/15/17	50,000	50,499	50,289
	CISCO Systems	3.150%	3/14/17	25,000	25,784	26,133
	Lowes Corp	1.625%	4/15/17	20,000	20,139	20,158
	Boeing Capital Corp	2.900%	8/15/18	25,000	26,188	26,013
	Broadcom	2.700%	11/1/18	50,000	51,824	51,195
	Anheuser Busch Cos	5.000%	1/1/19	50,000	58,910	55,600
	Baxter Intl	4.500%	8/15/19	25,000	28,439	27,397
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	50,571
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,432
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,806
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,186
	Province of Ontario	0.950%	5/26/15	25,000	25,310	25,062
	Baxter International	0.950%	6/1/16	15,000	15,101	14,994
	Chevron Corp	1.104%	12/5/17	30,000	30,165	29,815
	BB&T Corp	1.450%	1/12/18	40,000	39,810	39,618
	Berhshire Hathway	1.550%	2/9/18	25,000	25,185	24,988
	Occidental Petroleum	1.500%	2/15/18	50,000	49,625	49,467
	Costco	1.700%	12/15/19	25,000	24,974	24,549
	EMC	2.650%	6/1/20	40,000	40,446	39,808
	Pepsico	3.125%	11/1/20	50,000	52,688	51,747
	United Technologies	3.100%	6/1/22	50,000	49,975	51,016
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,702
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,196
	Chevron	3.191%	6/24/23	50,000	49,900	50,933
	Oracle Corp	3.625%	7/15/23	50,000	50,920	52,434
	Lowes Corp	2.125%	4/15/16	25,000	25,855	25,413
	Oracle Corp	1.200%	10/15/17	25,000	24,911	24,911
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	40,215
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,096
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	21,626
	Amgen	3.875%	11/15/21	20,000	21,020	21,130
	Medtronic Inc.	3.125%	3/15/22	20,000	20,095	20,251
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,629
	IBM Corp	3.375%	8/1/23	50,000	51,150	51,088
	Bed Bath & Beyond	3.749%	8/1/24	60,000	60,345	60,827
					1,482,214	1,476,276
	Total Investments				$ 3,274,956	$ 3,375,941

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	----------(b)----------		(c)	(d)	(g)	(h)	(i)
Description	Interest Rate	Date of Maturity	Purchase Price	Selling Price	Cost	Current Value	Net Gain or Loss
Money Market Funds:							
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ 609,681	$ -	$ 609,681	$ 609,681	$ -
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ -	$ 489,751	$ 489,751	$ 489,751	$ -
Federated Gov't Oblig Prin Fund 05	Variable	Demand	$ 1,890,319	$ -	$ 1,890,319	$ 1,890,319	$ -
Federated Gov't Oblig Prin Fund 05	Variable	Demand	$ -	$ 1,954,278	$ 1,954,278	$ 1,954,278	$ -
Vanguard 500 Index Fund Admiral Class	Variable	Demand	$ 232,086	$ 270,074	$ 232,086	$ 270,074	$ 37,988
Guggenheim EQ Wght S&P 500 ETF	Variable	Demand	$ 286,428	$ 312,242	$ 286,428	$ 312,242	$ 25,814

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
- ☒ 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
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2008

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)
MANLEY, DEAS & KOCHALSKI, LLC

1400 GOODALE BLVD., SUITE 200

GRANDVIEW OH 43212

1400 GOODALE BLVD., SUITE 200

GRANDVIEW OH 43212

2b Employer Identification Number (EIN) 13-4225050

2c Plan Sponsor's telephone number (614) 220-5611

2d Business code (see instructions) 541110

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	D. Brian Meadors	10/10/16	D. Brian Meadors
	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**	218
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)**	66
a(2) Total number of active participants at the end of the plan year	**6a(2)**	66
b Retired or separated participants receiving benefits	**6b**	137
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	203
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1D

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

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

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

a Pension Schedules		**b General Schedules**	
(1)	[X] **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)	[ ] **A** (Insurance Information)
		(4)	[X] **C** (Service Provider Information)
(3)	[X] **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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2015

2 Assets:

a Market value	**2a**	3,910,772
b Actuarial value	**2b**	3,910,772

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	57	50,901	50,901
c For active participants	145	2,849,293	2,874,780
d Total	202	2,900,194	2,925,681

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.40 %
6 Target normal cost	**6**	446,800

Statement by Enrolled Actuary

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

SIGN HERE

TAB
Signature of actuary

10/13/16
Date

TIMOTHY A. BRUMBAUGH, A.S.A.
Type or print name of actuary

14-04926
Most recent enrollment number

NILES LANKFORD GROUP, INC.
Firm name

(574) 936-6200
Telephone number (including area code)

1500 NORTH OAK DRIVE

PLYMOUTH IN 46563
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,916
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	5,916
10	Interest on line 9 using prior year's actual return of 5.71%	0	338
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		549721
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.61%		36337
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		586058
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6254

Part III Funding Percentages

14	Funding target attainment percentage	14	133.45 %
15	Adjusted funding target attainment percentage	15	133.67 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	132.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/20/2016	40,000		06/17/2016	35,000	
05/03/2016	30,000		06/23/2016	35,000	
05/12/2016	30,000		07/05/2016	35,000	
05/19/2016	35,000		07/09/2016	35,000	
05/27/2016	35,000		07/16/2016	35,000	
06/06/2016	35,000		07/23/2016	35,000	
			Totals ► 18(b)	450,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	411,266

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.72 %	6.11 %	6.81 %	

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	446,800
b Excess assets, if applicable, but not greater than line 31a	**31b**	446,800

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	411,266
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	411,266
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Continuation of 2015 Form 5500
Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN **EIN:** 13-4225050

Plan Sponsor's Name MANLEY, DEAS & KOCHALSKI, LLC **PN:** 002

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees
07/30/2016	35,000				

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN
Plan EIN: 13-4225050
Plan Number: 002

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount
04/20/2016	40000.00	2015	6.40%	36898.00
05/03/2016	30000.00	2015	6.40%	27612.00
05/12/2016	30000.00	2015	6.40%	27570.00
05/19/2016	35000.00	2015	6.40%	32127.00
05/27/2016	35000.00	2015	6.40%	32083.00
06/06/2016	35000.00	2015	6.40%	32029.00
06/17/2016	35000.00	2015	6.40%	31969.00
06/23/2016	35000.00	2015	6.40%	31936.00
07/05/2016	35000.00	2015	6.40%	31871.00
07/09/2016	35000.00	2015	6.40%	31849.00
07/16/2016	35000.00	2015	6.40%	31812.00
07/23/2016	35000.00	2015	6.40%	31774.00
07/30/2016	35000.00	2015	6.40%	31736.00
Total for Minimum Required Contribution	450000.00			411266.00

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN
Plan EIN: 13-4225050
Plan Number: 002

The weighted average retirement age of 62 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN
Plan EIN: 13-4225050
Plan Number: 002

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:	4.72%
Second Segment:	6.11%
Third Segment:	6.81%

IRC404 Funding Yield Curve Segmented Rates

First Segment:	1.17%
Second Segment:	4.07%
Third Segment:	5.17%

PBGC Segmented Rates

First Segment:	1.48%
Second Segment:	3.77%
Third Segment:	4.79%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table	2015 430(h)(3)(A)-Optional combined

Cash Balance Assumptions: Accumulation Rates:

Current Year Rate:	5.00%
Projected Future Years Rate:	5.00%

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Retirement Actuarial Equivalence Assumptions

Investment Earnings	same as IRC417(e)(3) Interest Assumption
Mortality Table	2015 417(e)(3) Applicable Mortality Table

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
Mortality Table	2015 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings	5% Effective annual rate

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
Schedule SB, Part V - Summary of Plan Provisions
Plan Name: MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN
Plan EIN: 13-4225050
Plan Number: 002

Plan Effective Date	January 1, 2008
Plan Anniversary Date	January 1, 2015
Participation Eligibility	Minimum age: None Minimum months of service: None
Plan Entry Date	Date of satisfaction of the requirements
Normal Retirement Date	62nd birthday and the completion of 3 years of participation
Normal Form of Benefit	Lump Sum (single payment)
Normal Retirement Benefit	IRC415 maximum annual benefit: $210,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Actual compensation prior to NRD Annual salary up to $265,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: Cliff vesting (100% after 3 years) Exclude service before age 18 Exclude service before 01/01/2008 Computation Period: Plan Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Units accrued to date Maximum number of years of past credited benefit accrual service is 0

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN
Plan EIN: 13-4225050
Plan Number: 002

	Years of Credited Service																													
	< 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40+		
		Average			Average			Average			Average			Average			Average			Average			Average			Average			Average	
Age	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal	#	Comp.	Cash Bal
<25	21			10																										
25-29	8			55			9																							
30-34	3			11			6																							
35-39	1			4			4																							
40-44				2																										
45-49				1			1			1																				
50-54				1						1																				
55-59	1			2			1																							
60-64																														
65-69							1			1																				
70+																														

Age is attained age as of the valuation date.

# indicates the number of active participants in an age and service category.

Active employees include employees who are active and deferring retirement.

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	$ 119,930	$ 119,930
	Certificates of Deposit					
	American Express Cent Bk	0.750%	2/22/16	25,000	25,000	25,008
	Charter Bank	0.750%	7/6/16	50,000	50,000	50,022
	Everbank	0.250%	1/8/16	50,000	50,000	50,000
	S & T Bank	0.350%	3/24/16	50,000	50,000	49,980
	Sterling Bank & Trust	0.350%	3/30/16	50,000	50,000	49,976
	ESSA Bank & Trust	0.400%	6/30/16	50,000	50,000	49,954
	Independence Bank	0.250%	7/6/16	50,000	50,000	49,989
					325,000	324,929
	U.S. Government Notes					
	U.S. Treasury Note	0.750%	10/31/17	50,000	49,497	49,735
	U.S. Treasury Note	1.000%	5/31/18	15,000	14,925	14,923
	U.S. Treasury Note	1.500%	12/31/18	25,000	24,934	25,113
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,705
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,345
					152,247	153,821
	Taxable Municipal Bonds					
	Fremont Mi Pub Sch Dist Txbl	4.900%	5/1/16	25,000	26,850	25,296
	Caledonia MI Comm Schs Goung	1.350%	5/1/17	25,000	25,188	24,984
					52,038	50,280
	Mutual Funds					
	Northern Midcap Index	N/A	Demand	-	21,021	18,480
	Vanguard Midcap Index Fund Admiral Class	N/A	Demand	-	21,317	20,273
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	77,775	76,116
	Vanguard Reit Index Fund Admiral Class	N/A	Demand	-	11,663	11,862
	Vanguard Small Cap Value Index Admiral Class	N/A	Demand	-	14,806	14,458
	American Europacific Growth	N/A	Demand	-	2,998	2,847
					149,580	144,036
	Corporate Bonds and Notes					
	BB&T Corp	3.200%	3/15/16	25,000	25,850	25,069
	Berkshire Hathaway	2.200%	8/15/16	25,000	25,000	25,212
	Stryker Corp Sr Notes	2.000%	9/30/16	25,000	25,581	25,189
	Colgate Palmolive	1.300%	1/15/17	25,000	25,012	25,046
	Occidental Petroleum	1.750%	2/15/17	50,000	50,499	50,100
	CISCO Systems	3.150%	3/14/17	25,000	25,784	25,616
	Lowes Corp	1.625%	4/15/17	20,000	20,139	20,124
	Boeing Capital Corp	2.900%	8/15/18	25,000	26,187	25,783

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
Corporate Bonds and Notes (Continued)						
	Anheuser Busch Cos	5.000%	1/1/19	50,000	58,909	53,844
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	50,671
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,347
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,827
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,420
	Baxter International	0.950%	6/1/16	15,000	15,101	14,991
	Chevron Corp	1.104%	12/5/17	30,000	30,165	29,794
	BB&T Corp	1.450%	1/12/18	40,000	39,810	39,740
	Berhshire Hathway	1.550%	2/9/18	25,000	25,185	25,041
	Occidental Petroleum	1.500%	2/15/18	50,000	49,625	49,386
	Costco	1.700%	12/15/19	25,000	24,974	24,789
	EMC	2.650%	6/1/20	40,000	40,446	35,528
	Pepsico	3.125%	11/1/20	50,000	52,688	51,769
	United Technologies	3.100%	6/1/22	50,000	49,975	50,888
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,467
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,396
	Chevron	3.191%	6/24/23	50,000	49,900	50,266
	Oracle Corp	3.625%	7/15/23	50,000	50,920	51,719
	Lowes Corp	2.125%	4/15/16	25,000	25,855	25,060
	Oracle Corp	1.200%	10/15/17	25,000	24,911	25,013
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	40,344
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,131
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	21,321
	Amgen	3.875%	11/15/21	20,000	21,020	20,838
	Medtronic Inc.	3.125%	3/15/22	20,000	20,095	20,202
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,133
	IBM Corp	3.375%	8/1/23	50,000	51,150	50,772
	Bed Bath & Beyond	3.749%	8/1/24	60,000	60,345	58,523
	Medtronic Inc.	1.375%	4/1/18	40,000	40,048	39,786
	US Bancorp	2.200%	4/25/19	50,000	50,649	50,366
	Baxter International	4.500%	8/15/19	25,000	28,439	26,495
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,697
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,482
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	49,902
					1,481,286	1,460,087
	Total Investments				$ 2,280,081	$ 2,253,083

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2014

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 05	Variable	Demand	-	$ 63,960	$ 63,960
	Certificates of Deposit					
	Ally Bank	0.550%	2/9/15	50,000	50,000	50,000
	Discover Bank	0.550%	2/27/15	25,000	25,000	25,000
	GE Capital Bank	0.600%	3/6/15	45,000	45,000	45,000
	American Express Cent Bk	0.750%	2/22/16	25,000	25,000	25,000
	Charter Bank	0.750%	7/6/16	50,000	50,000	50,000
					195,000	195,000
	U.S. Government Notes					
	U.S. Treasury Note	0.750%	10/31/17	50,000	49,497	49,601
	U.S. Treasury Note	1.000%	5/31/18	15,000	14,925	14,855
	U.S. Treasury Note	1.500%	12/31/18	25,000	24,934	25,033
	U.S. Treasury Note	1.250%	10/31/19	25,000	24,328	24,592
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,147
	U.S. Treasury Note	1.875%	6/30/20	75,000	75,188	75,504
	U.S. Treasury Note	2.000%	2/28/21	75,000	75,035	75,516
	U.S. Treasury Note	2.000%	2/15/21	120,000	118,559	120,300
	U.S. Treasury Note	2.000%	2/15/23	75,000	73,102	74,719
	U.S. Treasury Note	2.500%	5/15/24	50,000	50,135	51,508
	U.S. Treasury Note	2.250%	11/15/24	50,000	49,906	50,336
					594,172	601,111
	Taxable Municipal Bonds					
	Fremont Mi Pub Sch Dist Txbl	4.900%	5/1/16	25,000	26,850	26,079
	Caledonia MI Comm Schs Goung	1.350%	5/1/17	25,000	25,188	24,909
					52,038	50,988
	ETF's					
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	37,420	46,784
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	37,025	47,041
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	30,326	34,085
	Guggenheim EQ Wght S&P 500 ETF	N/A	Demand	-	238,954	261,283
					343,725	389,193
	Mutual Funds					
	T Rowe Midcap Growth	N/A	Demand	-	73,725	86,603
	Vanguard Intl Growth Admiral Shares	N/A	Demand	-	9,796	9,471
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	228,006	259,510
	Columbia Midcap Value Fund Class R5	N/A	Demand	-	91,809	85,996
	Dodge & Cox International	N/A	Demand	-	10,192	9,472
	Vanguard Reit Index Fund Admiral Class	N/A	Demand	-	69,273	81,715
	Vanguard Small Cap Value Index Admiral Class	N/A	Demand	-	32,655	33,326
	Vanuard Small Cap Index Admiral Class	N/A	Demand	-	28,391	33,320
					543,847	599,413

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2014

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
Corporate Bonds and Notes						
	Teva Pharmaceuticals	3.000%	6/15/15	25,000	25,719	25,238
	Hewlett Packard	2.125%	9/13/15	50,000	50,229	50,393
	Procter & Gamble	1.800%	11/15/15	20,000	19,943	20,228
	BB&T Corp	3.200%	3/15/16	25,000	25,850	25,576
	Hewlett Packard	2.650%	6/1/16	25,000	25,703	25,474
	Berkshire Hathaway	2.200%	8/15/16	25,000	25,000	25,521
	Stryker Corp Sr Notes	2.000%	9/30/16	25,000	25,581	25,421
	Colgate Palmolive	1.300%	1/15/17	25,000	25,013	25,130
	Occidental Petroleum	1.750%	2/15/17	50,000	50,499	50,289
	CISCO Systems	3.150%	3/14/17	25,000	25,784	26,133
	Lowes Corp	1.625%	4/15/17	20,000	20,139	20,158
	Boeing Capital Corp	2.900%	8/15/18	25,000	26,188	26,013
	Broadcom	2.700%	11/1/18	50,000	51,824	51,195
	Anheuser Busch Cos	5.000%	1/1/19	50,000	58,910	55,600
	Baxter Intl	4.500%	8/15/19	25,000	28,439	27,397
	Pepsico Inc	2.250%	1/7/19	50,000	50,285	50,571
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,432
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,806
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,186
	Province of Ontario	0.950%	5/26/15	25,000	25,310	25,062
	Baxter International	0.950%	6/1/16	15,000	15,101	14,994
	Chevron Corp	1.104%	12/5/17	30,000	30,165	29,815
	BB&T Corp	1.450%	1/12/18	40,000	39,810	39,618
	Berhshire Hathway	1.550%	2/9/18	25,000	25,185	24,988
	Occidental Petroleum	1.500%	2/15/18	50,000	49,625	49,467
	Costco	1.700%	12/15/19	25,000	24,974	24,549
	EMC	2.650%	6/1/20	40,000	40,446	39,808
	Pepsico	3.125%	11/1/20	50,000	52,688	51,747
	United Technologies	3.100%	6/1/22	50,000	49,975	51,016
	Intel Corp	2.700%	12/15/22	50,000	47,535	49,702
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	14,196
	Chevron	3.191%	6/24/23	50,000	49,900	50,933
	Oracle Corp	3.625%	7/15/23	50,000	50,920	52,434
	Lowes Corp	2.125%	4/15/16	25,000	25,855	25,413
	Oracle Corp	1.200%	10/15/17	25,000	24,911	24,911
	Eli Lilly & Co.	1.950%	3/15/19	40,000	40,086	40,215
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,096
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	21,626
	Amgen	3.875%	11/15/21	20,000	21,020	21,130
	Medtronic Inc.	3.125%	3/15/22	20,000	20,095	20,251
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,629
	IBM Corp	3.375%	8/1/23	50,000	51,150	51,088
	Bed Bath & Beyond	3.749%	8/1/24	60,000	60,345	60,827
					1,482,214	1,476,276
	Total Investments				$ 3,274,956	$ 3,375,941

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2015

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	----------(b)----------		(c)	(d)	(g)	(h)	(i)
Description	Interest Rate	Date of Maturity	Purchase Price	Selling Price	Cost	Current Value	Net Gain or Loss
Money Market Funds:							
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ 609,681	$ -	$ 609,681	$ 609,681	$ -
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ -	$ 489,751	$ 489,751	$ 489,751	$ -
Federated Gov't Oblig Prin Fund 05	Variable	Demand	$ 1,890,319	$ -	$ 1,890,319	$ 1,890,319	$ -
Federated Gov't Oblig Prin Fund 05	Variable	Demand	$ -	$ 1,954,278	$ 1,954,278	$ 1,954,278	$ -
Vanguard 500 Index Fund Admiral Class	Variable	Demand	$ 232,086	$ 270,074	$ 232,086	$ 270,074	$ 37,988
Guggenheim EQ Wght S&P 500 ETF	Variable	Demand	$ 286,428	$ 312,242	$ 286,428	$ 312,242	$ 25,814