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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; 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
B H ELECTRONICS, INC. 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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

B H ELECTRONICS, INC.

1000 MCLAUGHLIN DRIVE
MUNFORD, TN 38058

2b Employer Identification Number (EIN)
62-1473261

2c Sponsor's telephone number
901-837-1111

2d Business code (see instructions)
423600

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.	10/03/2014	MICHAEL MCMASTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	172
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	182
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	185
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	185
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	55
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
B H ELECTRONICS, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B H ELECTRONICS, INC.

D Employer Identification Number (EIN)
62-1473261

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PIMCO FUNDS

95-2632339

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

GOLDMAN SACHS

13-5108880

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

THORNBURG

85-0301299

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

JANUS

43-1804048

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

LORD ABBETT

13-5620131

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

MFS

04-2747644

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

OAKMARK

04-3276558

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

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

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

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

(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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 27 49 50 51 52 60 62 63	SERVICE PROVIDER	1476	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
B H ELECTRONICS, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
B H ELECTRONICS, INC.

D Employer Identification Number (EIN)
62-1473261

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE RETURN FUND N60

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2251407-001	C	28752

a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED STOCK MARKET N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6288528-001	C	4495

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
B H ELECTRONICS, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B H ELECTRONICS, INC.

D Employer Identification Number (EIN)
62-1473261

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	28269	33247
(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)	603199	760429
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	631468	793676
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	631468	793676

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)		
(B) Participants	2a(1)(B)	94320	
(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)		94320
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	46129	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46129
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1370
(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)		47767
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		189586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	416	
(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)		416
f Corrective distributions (see instructions)	2f		23657
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3305	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3305
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27378
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		162208
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: BRUNDIGE, PAYNE & COMPANY PC **(2)** EIN: 62-1174696

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		50000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
B H ELECTRONICS, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B H ELECTRONICS, INC.

D Employer Identification Number (EIN)
62-1473261

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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BRUNDIGE, PAYNE & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

September 3, 2014

To the Trustees
BH Electronics, Inc. 401k & Profit Sharing Plan
1000 McLaughlin Drive
Munford, TN 38058

We have conducted a DOL limited-scope audit of the financial statements of BH Electronics, Inc. 401(k) & Profit Sharing Plan for the year ended December 31, 2013, and have issued our report thereon dated September 3, 2014. As permitted by 29 CR 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 (10) to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and schedules taken as a whole. We did, however, audit the form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, in accordance with auditing standards generally accepted in the United States of America and found them to be presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated March 4, 2014. Professional standards also require that we communicate to you the following information related to our audit:

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by BH Electronics, Inc. 401(k) & Profit Sharing Plan are described in Note (1) to the financial statements. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no estimates that significantly affected the financial statements.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 3, 2014.

Other Audit Findings or Issues

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of you and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Trustees and management of BH Electronics, Inc. 401(k) & Profit Sharing Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Brundige, Payne & Company, PC

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Financial Statements
December 31, 2013 and 2012

BRUNDIGE, PAYNE & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

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BRUNDIGE, PAYNE & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Trustees
BH Electronics, Inc. 401(k) & Profit Sharing Plan
Memphis, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of BH Electronics, Inc. 401(k) & Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 10, which was certified by Wells Fargo Bank N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, other than that derived from the information certified by the custodian, 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.

Brundige, Payne & Company, PC

September 3, 2014

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value	$793,676	$631,468
Total assets	793,676	631,468
Liabilities		
Accrued liability for excess contributions payable	33,365	23,657
Total liabilities	33,365	23,657
Net assets available for benefits	$760,311	$607,811

See notes to financial statements.

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		$ 49,137
Interest and dividends		41,361
		90,498
Contributions and rollovers:		
Employer's	$ -	
Participants'	65,723	
		65,723
Total additions		156,221
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	416	
Administrative expense	3,305	
Total deductions		3,721
Net increase		152,500
Net assets available for benefits		
Beginning of year		607,811
End of year		$760,311

See notes to financial statements.

Note (1) - Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are presented on the accrual method of accounting.

Investment Valuation

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Date of Management's Review

Subsequent events were evaluated through September 3, 2014 which is the date the financial statements were available to be issued.

Expenses

Certain expenses of the Plan are paid directly by the Company and are excluded from these financial statements.

Payment of Benefits

Benefits are recorded when paid.

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 changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Note (2) - Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a salary deferral plan covering substantially all employees of BH Electronics, Inc. Employees are eligible to participate when they complete 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Salary Deferral

Participants may elect to defer up to the maximum percentage allowable not to exceed the dollar amount set by law. Participants who have obtained the age of 50 before the end of the Plan year are eligible to make catch-up contributions.

Contributions

Each year, the Employer will contribute to the Plan the total amount of salary deferrals that the participants have elected. Participants may also contribute amounts representing distributions from other qualified plans. Additionally, the Employer may make a discretionary profit sharing contribution.

Upon enrollment in the Plan, a participant may direct employee contributions in any of nineteen investment options. The participant's choices are invested in mutual funds and pooled, common and collective funds with Wells Fargo.

Contributions to the Plan for the year ended December 31, 2013, totaled $65,723 consisting entirely of participant salary deferrals. There were no employer profit sharing contributions for the year ended December 31, 2013.

Forfeited Accounts

At December 31, 2013 and 2012, forfeited nonvested amounts totaled $3,450 and $3,008, respectively. Nonvested forfeiture accounts may first be used to pay any plan administrative expense and then may reduce future employer contributions.

Participant Accounts

Each participant's account is credited with the amount of their deferred salary, rollovers from other qualified plans, and an allocation of the Employer's discretionary profit sharing contribution in the ratio that each eligible participant's compensations bears to the eligible compensation of all participants. The net investment income or losses of the Plan are allocated based upon the actual earnings for each participant's individual account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon their effective date of participation, participants are 100% vested in their salary deferral contributions plus the earnings thereon. Participants are vested in the employer profit sharing contributions based on a cliff vesting schedule, becoming 100% vested after year three.

Payment of Benefits

Participants are eligible to receive a distribution of benefits upon death, disability, termination of employment, or in the event of certain hardships as defined under the plan. Participants entitled to receive a distribution of benefits shall be paid in a lump-sum payment.

At December 31, 2013 and 2012, Plan net assets of $2,467 and $2,119, respectively, are allocated to participants who have withdrawn from the Plan but have not been paid.

Excess Contributions Payable

Excess contributions represent amounts withheld from participants in excess of IRC limitations that are to be refunded at year-end. As of December 31, 2013 and 2012, $33,365 and $23,657, respectively, of excess contributions and earnings thereon are required to be refunded prior to December 31, of the subsequent year. These amounts were refunded to participants prior to March of the year following the plan year-end. Excess contributions and earnings are netted against contributions and interest income in the statements of changes in net assets available for benefits.

Note (3) - Fair Value Measurements

The Plan, in accordance with generally accepted accounting principals, classifies its investments into three broad levels: Level 1 which refers to securities for which prices can be easily quoted in an active market, Level 2 which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, and Level 3 which refers to securities not traded in an active market and for which no significant observable market inputs are available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Mutual Funds - valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the security and exchange commission. These funds are required to publish the daily net asset value (NAV) and to transact at that price.

Collective trust funds - valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

At December 31, 2013 and 2012, the Plan's portfolio investments were classified as follows:

December 31, 2013	Fair Value	Quoted Prices in Active Markets-Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual Funds:			
Wells Fargo balanced funds	$ 505,301	$ 505,301	$ -
Equity funds	160,396	160,396	-
Corporate bond funds	44,958	44,958	-
Balanced funds	44,647	44,647	-
Wells Fargo equity funds	5,128	5,128	-
Total mutual funds	760,430	760,430	-
Collective Trust Funds:			
Stable return funds	28,752	-	28,752
Enhanced funds	4,494	-	4,494
Total pooled funds	33,246	-	33,246
Total investments	$ 793,676	$ 760,430	$ 33,246

December 31, 2012	Fair Value	Quoted Prices in Active Markets-Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual Funds:			
Wells Fargo balanced funds	$ 423,313	$ 423,313	$ -
Equity funds	108,944	108,944	-
Corporate bond funds	36,484	36,484	-
Balanced funds	29,636	29,636	-
Wells Fargo equity funds	4,822	4,822	-
Total mutual funds	603,199	603,199	-
Collective Trust Funds:			
Stable return funds	25,054	-	25,054
Enhanced funds	3,215	-	3,215
Total pooled funds	28,269	-	28,269
Total investments	$ 631,468	$ 603,199	$ 28,269

Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments measured at fair value based on net asset value per share as of December 31, 2013 and 2012, respectively:

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Funds				
Enhanced fund	$ 4,494	N/A	Daily	30 Days
Stable return fund	$ 28,752	N/A	Daily	30 Days

December 31, 2012	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Funds				
Enhanced fund	$ 3,215	N/A	Daily	30 Days
Stable return fund	$ 25,054	N/A	Daily	30 Days

The following is a description of the investment strategies for the collective trust funds at December 31, 2013 and 2012:

Stable Return Fund - This fund seeks to provide investors with a moderate level of stable income without principal volatility.

Enhanced Fund - This fund seeks total returns in excess of the S&P 500 Index with risk characteristics similar to the S&P 500 Index. The fund invests principals in equity securities of large U.S. companies.

Note (4) - Plan Termination

The Employer has the right to terminate the Plan at any time. Upon termination all participants will become 100% vested in all amounts credited to their accounts.

Note (5) – Related Party Transactions

Certain Plan investments are units of collective trust funds and mutual funds managed by Wells Fargo. Wells Fargo is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid to Wells Fargo by the Plan for investment management amounted to $3,305 and $3,268 for the years ended December 31, 2013 and 2012, respectively.

Note (6) - Tax Status

The Plan, which is a prototype of a plan that has qualified under the Internal Revenue Code as exempt from federal income tax, has received a favorable tax determination letter from the Internal Revenue Service.

Accounting principles generally accepted in the United States of America requires management of the Plan to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013 and 2012, 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 in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note (7) – Risks and Uncertainties

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

Note (8) – Investments

The fair values of individual investments which represent five percent (5%) or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, are as follows:

Investment	2013	2012
Wells Fargo Advantage DJ Target 2010 I	$ 112,162	$ 104,559
Wells Fargo Advantage DJ Target 2020 I	$ 142,749	$ 114,749
Wells Fargo Advantage DJ Target 2030 I	$ 125,520	$ 105,301
Wells Fargo Advantage DJ Target 2040 I	$ 124,740	$ 98,620
Janus Forty Fund Class S	$ 67,899	$ 45,308
Goldman Sachs Growth Opportunities	$ 45,123	$ 33,911
Pimco Total Return Fund Class A	$ 44,958	$ 36,484
Oakmark Equity and Income Fund (II)	$ 44,647	**

**Investment does not comprise 5 percent or more of the plan's net assets at year end.

Net appreciation in fair value of investments includes gains and losses on investments bought and sold, as well as investments held during the reporting period. For the year ended December 31, 2013, net appreciation in fair value of mutual funds and pooled funds totaled $47,767 and $1,370, respectively.

Note (9) – Administration Expenses

For the plan year ended December 31, 2013, administrative expenses totaled $3,305.

Note (10) – Information Prepared and Certified by Custodian (Unaudited)

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

	2013	2012
Investments at fair value:		
Mutual funds	$ 760,430	$ 603,199
Collective trust funds	33,246	28,269
Total	$ 793,676	$ 631,468
Investment income	$ 90,498	

Note (11) – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits as reflected in the accompanying financial statements as of December 31, 2013 and 2012, to Schedule H of Form 5500:

	2013	2012
Net assets available for benefits per the financial statements	$ 760,311	$ 607,811
Accrued liability for excess contributions payable	33,365	23,657
Net assets available for benefits per Schedule H of Form 5500	$ 793,676	$ 631,468

The following is a reconciliation of contributions made by participants as reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2013, to Schedule H of Form 5500:

Contributions made by Participants per the financial statements	$ 65,723
Add: Excess contributions payable to highly compensated Participants at December 31, 2013	33,365
Less: Investment earnings on excess contributions payable at December 31, 2013	(4,768)
Contributions made by Participants per Schedule H of Form 5500	$ 94,320

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan EIN 62-1473261 Plan Number 001

December 31, 2013

(a)	Issuer	Description of Investment	Current Value
*	Wells Fargo Enhanced Stock Market Fund	Collective Trust Fund	$ 4,495
*	Wells Fargo Stable Return Fund	Collective Trust Fund	28,751
	Oakmark Equity and Income Fund (II)	Mutual Fund	44,647
*	Wells Fargo Advantage DJ Target 2010 I	Mutual Fund	112,162
*	Wells Fargo Advantage DJ Target 2020 I	Mutual Fund	142,749
*	Wells Fargo Advantage DJ Target 2030 I	Mutual Fund	125,520
*	Wells Fargo Advantage DJ Target 2040 I	Mutual Fund	124,740
*	Wells Fargo Advantage DJ Target 2050 I	Mutual Fund	130
	MFS Value Fund R2	Mutual Fund	11,678
	Janus Forty Fund Class S	Mutual Fund	67,899
	Pimco Total Return Fund Class A	Mutual Funds	44,958
	Perkins Mid Cap Value Fund Class S	Mutual Fund	670
	Goldman Sachs Growth Opportunities	Mutual Fund	45,123
	Lord Abbett Calibrated Dividend Growth A	Mutual Fund	11,574
	Lord Abbett Small Cap Value A	Mutual Fund	1,108
	Thornburg International Value (R3)	Mutual Fund	22,344
*	Wells Fargo Adv Emrg Mkts Eq Fd Admin	Mutual Fund	5,128
			$793,676

(a) An asterisk in this column identifies a person known to be a party-in-interest.

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Financial Statements
December 31, 2013 and 2012

BRUNDIGE, PAYNE & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

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BRUNDIGE, PAYNE & COMPANY, PC
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Trustees
BH Electronics, Inc. 401(k) & Profit Sharing Plan
Memphis, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of BH Electronics, Inc. 401(k) & Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 10, which was certified by Wells Fargo Bank N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, other than that derived from the information certified by the custodian, 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.

Brundige, Payne & Company, PC

September 3, 2014

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value	$793,676	$631,468
Total assets	793,676	631,468
Liabilities		
Accrued liability for excess contributions payable	33,365	23,657
Total liabilities	33,365	23,657
Net assets available for benefits	$760,311	$607,811

See notes to financial statements.

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		$ 49,137
Interest and dividends		41,361
		90,498
Contributions and rollovers:		
Employer's	$ -	
Participants'	65,723	
		65,723
Total additions		156,221
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	416	
Administrative expense	3,305	
Total deductions		3,721
Net increase		152,500
Net assets available for benefits		
Beginning of year		607,811
End of year		$760,311

See notes to financial statements.

Note (1) - Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are presented on the accrual method of accounting.

Investment Valuation

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Date of Management's Review

Subsequent events were evaluated through September 3, 2014 which is the date the financial statements were available to be issued.

Expenses

Certain expenses of the Plan are paid directly by the Company and are excluded from these financial statements.

Payment of Benefits

Benefits are recorded when paid.

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 changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Note (2) - Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a salary deferral plan covering substantially all employees of BH Electronics, Inc. Employees are eligible to participate when they complete 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Salary Deferral

Participants may elect to defer up to the maximum percentage allowable not to exceed the dollar amount set by law. Participants who have obtained the age of 50 before the end of the Plan year are eligible to make catch-up contributions.

Contributions

Each year, the Employer will contribute to the Plan the total amount of salary deferrals that the participants have elected. Participants may also contribute amounts representing distributions from other qualified plans. Additionally, the Employer may make a discretionary profit sharing contribution.

Upon enrollment in the Plan, a participant may direct employee contributions in any of nineteen investment options. The participant's choices are invested in mutual funds and pooled, common and collective funds with Wells Fargo.

Contributions to the Plan for the year ended December 31, 2013, totaled $65,723 consisting entirely of participant salary deferrals. There were no employer profit sharing contributions for the year ended December 31, 2013.

Forfeited Accounts

At December 31, 2013 and 2012, forfeited nonvested amounts totaled $3,450 and $3,008, respectively. Nonvested forfeiture accounts may first be used to pay any plan administrative expense and then may reduce future employer contributions.

Participant Accounts

Each participant's account is credited with the amount of their deferred salary, rollovers from other qualified plans, and an allocation of the Employer's discretionary profit sharing contribution in the ratio that each eligible participant's compensations bears to the eligible compensation of all participants. The net investment income or losses of the Plan are allocated based upon the actual earnings for each participant's individual account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon their effective date of participation, participants are 100% vested in their salary deferral contributions plus the earnings thereon. Participants are vested in the employer profit sharing contributions based on a cliff vesting schedule, becoming 100% vested after year three.

Payment of Benefits

Participants are eligible to receive a distribution of benefits upon death, disability, termination of employment, or in the event of certain hardships as defined under the plan. Participants entitled to receive a distribution of benefits shall be paid in a lump-sum payment.

At December 31, 2013 and 2012, Plan net assets of $2,467 and $2,119, respectively, are allocated to participants who have withdrawn from the Plan but have not been paid.

Excess Contributions Payable

Excess contributions represent amounts withheld from participants in excess of IRC limitations that are to be refunded at year-end. As of December 31, 2013 and 2012, $33,365 and $23,657, respectively, of excess contributions and earnings thereon are required to be refunded prior to December 31, of the subsequent year. These amounts were refunded to participants prior to March of the year following the plan year-end. Excess contributions and earnings are netted against contributions and interest income in the statements of changes in net assets available for benefits.

Note (3) - Fair Value Measurements

The Plan, in accordance with generally accepted accounting principals, classifies its investments into three broad levels: Level 1 which refers to securities for which prices can be easily quoted in an active market, Level 2 which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, and Level 3 which refers to securities not traded in an active market and for which no significant observable market inputs are available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Mutual Funds - valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the security and exchange commission. These funds are required to publish the daily net asset value (NAV) and to transact at that price.

Collective trust funds - valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

At December 31, 2013 and 2012, the Plan's portfolio investments were classified as follows:

December 31, 2013	Fair Value	Quoted Prices in Active Markets-Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual Funds:			
Wells Fargo balanced funds	$ 505,301	$ 505,301	$ -
Equity funds	160,396	160,396	-
Corporate bond funds	44,958	44,958	-
Balanced funds	44,647	44,647	-
Wells Fargo equity funds	5,128	5,128	-
Total mutual funds	760,430	760,430	-
Collective Trust Funds:			
Stable return funds	28,752	-	28,752
Enhanced funds	4,494	-	4,494
Total pooled funds	33,246	-	33,246
Total investments	$ 793,676	$ 760,430	$ 33,246

December 31, 2012	Fair Value	Quoted Prices in Active Markets-Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual Funds:			
Wells Fargo balanced funds	$ 423,313	$ 423,313	$ -
Equity funds	108,944	108,944	-
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Balanced funds	29,636	29,636	-
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Total mutual funds	603,199	603,199	-
Collective Trust Funds:			
Stable return funds	25,054	-	25,054
Enhanced funds	3,215	-	3,215
Total pooled funds	28,269	-	28,269
Total investments	$ 631,468	$ 603,199	$ 28,269

Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments measured at fair value based on net asset value per share as of December 31, 2013 and 2012, respectively:

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Funds				
Enhanced fund	$ 4,494	N/A	Daily	30 Days
Stable return fund	$ 28,752	N/A	Daily	30 Days

December 31, 2012	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Funds				
Enhanced fund	$ 3,215	N/A	Daily	30 Days
Stable return fund	$ 25,054	N/A	Daily	30 Days

The following is a description of the investment strategies for the collective trust funds at December 31, 2013 and 2012:

Stable Return Fund - This fund seeks to provide investors with a moderate level of stable income without principal volatility.

Enhanced Fund - This fund seeks total returns in excess of the S&P 500 Index with risk characteristics similar to the S&P 500 Index. The fund invests principals in equity securities of large U.S. companies.

Note (4) - Plan Termination

The Employer has the right to terminate the Plan at any time. Upon termination all participants will become 100% vested in all amounts credited to their accounts.

Note (5) – Related Party Transactions

Certain Plan investments are units of collective trust funds and mutual funds managed by Wells Fargo. Wells Fargo is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid to Wells Fargo by the Plan for investment management amounted to $3,305 and $3,268 for the years ended December 31, 2013 and 2012, respectively.

Note (6) - Tax Status

The Plan, which is a prototype of a plan that has qualified under the Internal Revenue Code as exempt from federal income tax, has received a favorable tax determination letter from the Internal Revenue Service.

Accounting principles generally accepted in the United States of America requires management of the Plan to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013 and 2012, 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 in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note (7) – Risks and Uncertainties

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

Note (8) – Investments

The fair values of individual investments which represent five percent (5%) or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, are as follows:

Investment	2013	2012
Wells Fargo Advantage DJ Target 2010 I	$ 112,162	$ 104,559
Wells Fargo Advantage DJ Target 2020 I	$ 142,749	$ 114,749
Wells Fargo Advantage DJ Target 2030 I	$ 125,520	$ 105,301
Wells Fargo Advantage DJ Target 2040 I	$ 124,740	$ 98,620
Janus Forty Fund Class S	$ 67,899	$ 45,308
Goldman Sachs Growth Opportunities	$ 45,123	$ 33,911
Pimco Total Return Fund Class A	$ 44,958	$ 36,484
Oakmark Equity and Income Fund (II)	$ 44,647	**

**Investment does not comprise 5 percent or more of the plan's net assets at year end.

Net appreciation in fair value of investments includes gains and losses on investments bought and sold, as well as investments held during the reporting period. For the year ended December 31, 2013, net appreciation in fair value of mutual funds and pooled funds totaled $47,767 and $1,370, respectively.

Note (9) – Administration Expenses

For the plan year ended December 31, 2013, administrative expenses totaled $3,305.

Note (10) – Information Prepared and Certified by Custodian (Unaudited)

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

	2013	2012
Investments at fair value:		
Mutual funds	$ 760,430	$ 603,199
Collective trust funds	33,246	28,269
Total	$ 793,676	$ 631,468
Investment income	$ 90,498	

Note (11) – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits as reflected in the accompanying financial statements as of December 31, 2013 and 2012, to Schedule H of Form 5500:

	2013	2012
Net assets available for benefits per the financial statements	$ 760,311	$ 607,811
Accrued liability for excess contributions payable	33,365	23,657
Net assets available for benefits per Schedule H of Form 5500	$ 793,676	$ 631,468

The following is a reconciliation of contributions made by participants as reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2013, to Schedule H of Form 5500:

Contributions made by Participants per the financial statements	$ 65,723
Add: Excess contributions payable to highly compensated Participants at December 31, 2013	33,365
Less: Investment earnings on excess contributions payable at December 31, 2013	(4,768)
Contributions made by Participants per Schedule H of Form 5500	$ 94,320

BH Electronics, Inc. 401(k) & Profit Sharing Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan EIN 62-1473261 Plan Number 001

December 31, 2013

(a)	Issuer	Description of Investment	Current Value
*	Wells Fargo Enhanced Stock Market Fund	Collective Trust Fund	$ 4,495
*	Wells Fargo Stable Return Fund	Collective Trust Fund	28,751
	Oakmark Equity and Income Fund (II)	Mutual Fund	44,647
*	Wells Fargo Advantage DJ Target 2010 I	Mutual Fund	112,162
*	Wells Fargo Advantage DJ Target 2020 I	Mutual Fund	142,749
*	Wells Fargo Advantage DJ Target 2030 I	Mutual Fund	125,520
*	Wells Fargo Advantage DJ Target 2040 I	Mutual Fund	124,740
*	Wells Fargo Advantage DJ Target 2050 I	Mutual Fund	130
	MFS Value Fund R2	Mutual Fund	11,678
	Janus Forty Fund Class S	Mutual Fund	67,899
	Pimco Total Return Fund Class A	Mutual Funds	44,958
	Perkins Mid Cap Value Fund Class S	Mutual Fund	670
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	Lord Abbett Small Cap Value A	Mutual Fund	1,108
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*	Wells Fargo Adv Emrg Mkts Eq Fd Admin	Mutual Fund	5,128
			$793,676

(a) An asterisk in this column identifies a person known to be a party-in-interest.