

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1996</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>02-0485231</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>603-889-2500</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>333310</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan<br><u>01/01/1996</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>02-0485231</u> |  | <b>2c</b> Sponsor's telephone number<br><u>603-889-2500</u> |  | <b>2d</b> Business code (see instructions)<br><u>333310</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                   | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1996</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>02-0485231</u>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>603-889-2500</u>                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>333310</u>                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>KOLLSMAN, INC.</u><br><br><u>220 DANIEL WEBSTER HIGHWAY</u><br><u>MERRIMACK, NH 03054-4844</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |

**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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/09/2014 | AN LE                                                        |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>KOLLSMAN, INC.<br><br>220 DANIEL WEBSTER HIGHWAY<br>MERRIMACK, NH 03054-4844                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br>02-0485231                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3c</b> Administrator's telephone number<br>603-889-2500 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4b</b> EIN<br><br><b>4c</b> PN                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 775                                                        |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 338                                                        |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 232                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 178                                                        |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 748                                                        |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 763                                                        |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7                                                          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3F 3H                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |                                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                                            |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>KOLLSMAN, INC.</u>                                         | <b>D</b> Employer Identification Number (EIN)<br><u>02-0485231</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                         |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                                                                                  |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                  |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>29460266</u>                                                                        |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>28827895</u>                                                                        |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                                                                                  |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>220</u> <b>(1) Number of participants</b> <u>10074727</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>182</u> <u>5771201</u>                                                              |
| <b>c</b> For active participants:                                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>886496</u>                                                                       |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>16124697</u>                                                                     |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>373</u> <u>17011193</u>                                                          |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>775</u> <u>32857121</u>                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                        |
| <b>b</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..... | <b>4b</b>                                                                                        |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.35 %</u>                                                                           |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>1722089</u>                                                                          |

**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.

|                                                           |  |                                        |
|-----------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                          |  | <u>09/16/2014</u>                      |
| Signature of actuary                                      |  | Date                                   |
| <u>DAVID PRATT WARD</u>                                   |  | <u>14-04388</u>                        |
| Type or print name of actuary                             |  | Most recent enrollment number          |
| <u>THE ANGELL PENSION GROUP, INC.</u>                     |  | <u>401-438-9250</u>                    |
| Firm name                                                 |  | Telephone number (including area code) |
| <u>88 BOYD AVENUE</u><br><u>EAST PROVIDENCE, RI 02914</u> |  |                                        |
| 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 ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2013**  
**v. 130118**

| 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                     | 110                    |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 110                    |
| 10 Interest on line 9 using prior year's actual return of <u>13.88</u> % .....                                                      | 0                     | 15                     |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 20                     |
| b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions) ..... |                       | 1                      |
| c Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 21                     |
| d Portion of (c) to be added to prefunding balance .....                                                                            |                       | 21                     |
| 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                     | 146                    |

| Part III Funding Percentages                                                                                                                                        |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 87.73 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 87.73 % |
| 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 | 93.59 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/12/2013                                                                        | 525043                            | 0                               |                          |                                   |                                 |
| 07/12/2013                                                                        | 525043                            | 0                               |                          |                                   |                                 |
| 10/11/2013                                                                        | 525043                            | 0                               |                          |                                   |                                 |
| 01/13/2014                                                                        | 525043                            | 0                               |                          |                                   |                                 |
| 09/12/2014                                                                        | 703172                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 2803344                         |
|                                                                                   |                                   |                                 |                          | 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                                                                 | 2651208 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 1722089            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 4029372             | 928799             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 2650888            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 2650888            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 2651208            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 320                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2013</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                        |                                                                    |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>         | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>KOLLSMAN, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>02-0485231</u> |

**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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <u>ARTISAN</u>                                                                                                    |
| <u>39-1807188</u>                                                                                                 |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| <u>ASTON</u>                                                                                                     |
| <u>20-4747475</u>                                                                                                |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <u>PIMCO</u>                                                                                                      |
| <u>95-2956559</u>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <u>ABERDEEN ASSET MANAGEMENT</u>                                                                                  |
| <u>1735 MARKET STREET</u>                                                                                         |
| <u>37TH FLOOR</u>                                                                                                 |
| <u>PHILADELPHIA, PA 19103</u>                                                                                     |

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

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ARTIO GLOBAL MANAGEMENT LLC

330 MADISON AVENUE  
NEW YORK, NY 10017

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

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FEDERATED INVESTORS

FEDERATED INVESTORS TOWER  
1001 LIBERTY AVENUE  
PITTSBURGH, PA 15222-3779

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

---

HARBOR CAPITAL ADVISORS

111 SOUTH WACKER DRIVE  
34TH FLOOR  
CHICAGO, IL 60606

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

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LEGG MASSON/WESTERN ASSET MGT

100 LIGHT STREET  
BALTIMORE, MD 21202

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

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LOOMIS SAYLES &amp; COMPANY LP

ONE FINANCIAL CENTER  
BOSTON, MA 02111

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

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METROPOLITAN WEST ASSET MANAGEMENT

11766 WILSHIRE BLVD  
SUITE 1580  
LOS ANGELES, CA 90025

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

---

NATIXIS ASSET MANAGEMENT ADVISORS

399 BOYLSTON STREET  
BOSTON, MA 02116

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

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NEUBERGER BERMAN MANAGEMENT LLC

605 THIRD AVENUE  
2ND FLOOR  
NEW YORK, NY 10158-0180

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

---

T ROWE PRICE ASSOCIATES INC

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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VANGUARD GROUP INC.

100 VANGUARD BLVD  
MALVERN, PA 19355

---

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

---

WELLS FARGO FUND MANAGEMENT LLC

525 MARKET STREET  
12TH FLOOR  
SAN FRANCISCO, CA 94105

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**(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

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**(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

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

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

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

FIDUCIARY INVESTMENT ADVISORS

20-4751585

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 20964                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>KOLLSMAN, INC.</u>                   | <b>D</b> Employer Identification Number (EIN)<br><br><u>02-0485231</u>     |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 58338                 | 1197663         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  | 37881                 | 15544           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  | 499388                | 111620          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 28864659              | 32599652        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29460266              | 33924479        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29460266 | 33924479 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2772792    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2772792   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 75         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 75        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 753987     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 753987    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4892144    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 4892144    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (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) |            | 2087092   |
| c Other income .....                                                                            | 2c     |            | 3186      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 5617132   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1022286 |         |
| (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) |         | 1022286 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) | 130633  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 130633  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1152919 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 4464213 |
| 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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **PROVANZANO & MARCHESIANI, PC**

(2) EIN: **04-2930395**

**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:

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> 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.) .....                               |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> 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? .....                                                    |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> 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? .....                                          |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> 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.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KOLLSMAN, INC.                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>02-0485231                                            |
| 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):<br><br>EIN(s): 06-6379101                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 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 0                                                                                             |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2013 v. 130118                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Financial Statements  
and Schedules

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Financial Statements  
and Supplemental Schedules

December 31, 2013 and 2012

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## **Independent Auditors' Report**

To the Plan Administrator  
Kollsman, Inc. Defined Benefit Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Kollsman, Inc. Defined Benefit Retirement Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012 and the related Statements of Changes in Net Assets Available for Benefits for the years then ended and the related notes to the financial statements.

### **Management's Responsibility**

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 misstatements, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of 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 4, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with related information included in the financial statements. We have been informed by the Plan administrator that Bank of America, N.A. holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Bank of America, N.A. as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by Bank of America, N.A. 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 schedules, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions, as of and for the year ended December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

### **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 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.

*Donagano & Marchisio P.C.*

Wakefield, MA

May 29, 2014

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

|                                                 | <u>2013</u>                 | <u>2012</u>                 |
|-------------------------------------------------|-----------------------------|-----------------------------|
| Assets:                                         |                             |                             |
| Investments, at fair value:                     |                             |                             |
| Mutual funds                                    | \$ 32,599,652               | \$ 28,864,659               |
| Money market funds                              | <u>111,620</u>              | <u>499,388</u>              |
| Total investments at fair value                 | <u>32,711,272</u>           | <u>29,364,047</u>           |
| Receivables:                                    |                             |                             |
| Accrued income                                  | 15,544                      | 37,881                      |
| Employer's contribution receivable              | <u>1,197,663</u>            | <u>58,338</u>               |
| Total receivables                               | <u>1,213,207</u>            | <u>96,219</u>               |
| Net assets available for benefits at fair value | <u><u>\$ 33,924,479</u></u> | <u><u>\$ 29,460,266</u></u> |

See accompanying notes to the financial statements.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2013 and 2012

|                                                      | <u>2013</u>          | <u>2012</u>          |
|------------------------------------------------------|----------------------|----------------------|
| Additions to net assets attributed to:               |                      |                      |
| Investment income:                                   |                      |                      |
| Net appreciation in fair value of investments        | \$ 2,087,092         | \$ 2,757,060         |
| Interest                                             | 75                   | 60,700               |
| Other income                                         | 3,186                | 34,921               |
| Dividends                                            | <u>753,987</u>       | <u>646,463</u>       |
| Total investment income                              | 2,844,340            | 3,499,144            |
| Employer's contributions                             | <u>2,772,792</u>     | <u>2,179,020</u>     |
| Total additions                                      | <u>5,617,132</u>     | <u>5,678,164</u>     |
| Deductions from net assets attributed to:            |                      |                      |
| Benefits paid to participants                        | 1,022,286            | 835,066              |
| Administrative expenses                              | <u>130,633</u>       | <u>96,682</u>        |
| Total deductions                                     | <u>1,152,919</u>     | <u>931,748</u>       |
| Net increase                                         | 4,464,213            | 4,746,416            |
| Net assets available for benefits, beginning of year | <u>29,460,266</u>    | <u>24,713,850</u>    |
| Net assets available for benefits, end of year       | <u>\$ 33,924,479</u> | <u>\$ 29,460,266</u> |

See accompanying notes to the financial statements.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**(1) Description of Plan**

The following brief description of the Kollsman, Inc. Defined Benefit Retirement Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for more complete information.

**(a) General**

The Plan was established January 1, 1996 as a defined-benefit pension plan covering all employees of Kollsman, Inc. (the "Company") meeting certain age and service requirements. The Plan provides for 100% vesting of employee benefits after five years of service. The Plan also provides for reduced early retirement benefits as well as certain death benefits. The Plan is subject to the provisions of ERISA. Effective January 1, 2010, the Plan was amended and no additional employees, other than those who were hired prior to January 1, 2010, are eligible to become participants in the Plan.

**(b) Payment of Benefits**

Participants are currently entitled to pension benefits, to be paid monthly, beginning at normal retirement date. Normal retirement date is defined as the first day of the month coinciding with or following the latter of the participant's sixty-fifth birthday or fifth anniversary of continuous employment with the Company. The pension benefits payable to the participant equal the sum of (a) 0.9% of the participant's average monthly compensation multiplied by years and months of benefit service, plus (b) 0.6% of the participant's average monthly compensation in excess of Social Security covered compensation, multiplied by years and months of benefit service, to a maximum of 35 years, subject to certain minimum benefit payments. Other minimum benefits may apply in some circumstances.

The Plan also permits early retirement for participants who have attained the age of fifty-five and completed five years of service. If the participant elects to receive early retirement benefits commencing after the early retirement date, the participant's accrued benefit is reduced by the appropriate actuarial equivalent factor for each month that commencement of the participant's retirement date preceded the participant's normal retirement date, multiplied by the actuarial equivalent factor appropriate to the normal form of payment.

Upon termination of the Plan, all eligible participants may elect to receive either an immediate lump sum payment if applicable, or periodic payments.

**(c) Vesting**

Participants become fully vested in their account upon the attainment of five years of service. Upon termination, a participant's account to which a participant is not entitled shall be forfeited and used to reduce any employer contributions otherwise payable to the Plan.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

***(d) Methods of Payment***

Unless an employee elects to receive a retirement benefit under an alternative option permitted by the Company and Plan administrator, all retirement benefits will be paid for life or, if the participant is married, in the form of a reduced joint and survivor benefit with fifty percent of the benefits payable to the spouse upon the employee's death.

Optional methods of payment are available to the participants.

***(e) Preretirement Death Benefits***

In the event of a participant's death prior to retirement but after becoming fully vested, the eligible spouse is entitled to receive a monthly retirement benefit equal to 50% of the benefit due the participant under the qualified spouse joint and survivor annuity at the time of the participant's death, or the date the participant would have attained age 55, if later.

**(2) Summary of Significant Accounting Policies**

***(a) Basis of Presentation***

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

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actual present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***(c) Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 12 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments include the Plan's gains and losses on investments bought and sold as well as held during the year.

The incorporation of investment data in the accompanying financial statements is based solely on the certified statements provided by Bank of America, N.A. Such information has not been examined by the Plan's independent auditors.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

***(d) Actuarial Present Value of Accumulated Benefits***

Accumulated benefits are those future periodic payments, including lump-sum distributions that are attainable under the Plan's provisions to the service employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their surviving spouses and (b) the surviving spouses of deceased employees. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees are based on their average compensation ending on the date as of which the benefit information is presented (the valuation date). 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated 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 valuations as of January 1, 2013 and 2012 were: (a) life expectancy of participants (the 2013 and 2012 IRS Mortality Tables were used, respectively), (b) retirement age (the assumed average retirement age was 65), (c) investment return of 6.350% and 7.060%, respectively, and (d) salary scale of 2.4% for both years, respectively. For purposes of determining the actuarial present value of accumulated benefits, discount rates of 5.01% and 5.6% were used as of January 1, 2013 and 2012, respectively. 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. The computation of the actuarial present value of accumulated plan benefits were made as of January 1, 2013 and 2012. Had the valuations been performed as of December 31, 2013 and 2012, there would be no material differences.

***(e) Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***(f) Subsequent Events***

The Plan has evaluated events and transactions subsequent to December 31, 2013 for potential recognition and disclosure in the financial statements through May 29, 2014, which is the date the financial statements were available to be issued.

**(3) Funding Policy**

The Company makes annual contributions to the Plan in such amounts as are necessary to fund all participants' benefits provided under the Plan. These contributions are in amounts sufficient to satisfy the minimum funding requirements of ERISA.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**(4) Information Certified by the Trustee (Unaudited)**

At December 31, 2013 and 2012, the Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, the supplemental Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2013, the supplemental Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2013 and the related investment activity reflected in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2013 and 2012.

The following presents investments that represent five percent (5%) or more the Plan's net assets available for benefits at fair value at December 31:

|                                              | <u>2013</u>          | <u>2012</u>          |
|----------------------------------------------|----------------------|----------------------|
| Vanguard Institutional Index Fund            | \$ 7,688,558         | \$ 6,240,452         |
| Harbor International Fund                    | 4,810,571            | 4,242,286            |
| Loomis Sayles Investment Grade Fixed Income  | 3,282,210            | 3,386,294            |
| Metropolitan West Total Return Bond Class I  | 3,263,505            | 3,420,730            |
| PIMCO Global Multi-asset Fund Inst'l Class   | 2,888,736            | 2,871,187            |
| PIMCO Long Duration Total Return             | 2,724,977            | 2,821,787            |
| Neuberger Berman Genesis Institutional       | 2,408,301            | 1,754,967            |
| Legg Mason BW Global Opportunities Bond Fund | -                    | 1,714,223            |
| Aberdeen Emerging Markets Institutional      | -                    | 1,530,395            |
|                                              | <u>\$ 27,066,858</u> | <u>\$ 27,982,321</u> |

During the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$2,087,092 and \$2,757,060 respectively, as follows:

|                            | <u>2013</u>         | <u>2012</u>         |
|----------------------------|---------------------|---------------------|
| Mutual funds               | \$ 2,087,092        | \$ 2,517,685        |
| U.S. government securities | -                   | (155,131)           |
| Common stocks              | -                   | 403,618             |
| Alternative investments    | -                   | (9,112)             |
|                            | <u>\$ 2,087,092</u> | <u>\$ 2,757,060</u> |

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**(5) Actuarial Present Value of Accumulated Plan Benefits**

The actuarially determined present value of accumulated plan benefits is as follows for the years ended January 1:

|                                                            | <u>2013</u>          | <u>2012</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Vested benefits:                                           |                      |                      |
| Participants currently receiving benefits                  | \$ 10,074,727        | \$ 7,228,890         |
| Other participants                                         | <u>21,895,898</u>    | <u>18,522,583</u>    |
|                                                            | 31,970,625           | 25,751,473           |
| Nonvested benefits                                         | <u>886,496</u>       | <u>1,316,961</u>     |
| Total actuarial present value of accumulated plan benefits | \$ <u>32,857,121</u> | \$ <u>27,068,434</u> |

**(6) Changes in Accumulated Plan Benefits**

The change in the actuarial present value of accumulated plan benefits is as follows for the years ended January 1:

|                                                                           | <u>2013</u>          | <u>2012</u>          |
|---------------------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ <u>27,068,434</u> | \$ <u>26,656,665</u> |
| Increase (decrease) during the year attributable to:                      |                      |                      |
| Benefits accumulated                                                      | 1,966,010            | 2,024,283            |
| Change in actuarial assumptions                                           | 2,778,646            | (2,629,428)          |
| Benefits paid                                                             | (835,066)            | (648,227)            |
| Increase for interest                                                     | <u>1,879,097</u>     | <u>1,665,141</u>     |
| Net increase                                                              | <u>5,788,687</u>     | <u>411,769</u>       |
| Actuarial present value of accumulated plan benefits at end of year       | \$ <u>32,857,121</u> | \$ <u>27,068,434</u> |

**(7) Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A. Columbia Management Group, is a subsidiary of Bank of America, N.A. Since Bank of America, N.A. is also the trustee, as defined by the Plan, these transactions qualify as party-in-interest.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**(8) Tax Status of the Plan**

The Internal Revenue Service issued a determination letter to the Plan on December 24, 2002, which stated that the Plan and its underlying trust qualify under Section 401(a) of the Internal Revenue Code (IRC) and, as a result, are exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**(9) Plan Termination**

While the Company has not expressed any intention to discontinue its contributions and terminate the Plan, it is free to do so at any time, subject to the provisions set forth in ERISA.

In the event of a partial termination of the Plan, each participant becomes fully vested in benefits accrued to the date of partial termination to the extent of the Plan's funding and as required by the Internal Revenue Code.

Upon termination of the Plan in its entirety, each participant becomes fully vested in benefits accrued to the date of termination to the extent of the Plan's funding. Following the receipt of a notice of sufficiency from the Pension Benefit Guaranty Corporation ("PBGC") and a determination from the Internal Revenue Service that the termination of the Plan does not affect its prior qualification under Code Section 401(a), the assets of the Plan shall be allocated as prescribed by ERISA and its related regulations. Any residual assets remaining in the Plan after all liabilities to participants and their beneficiaries have been satisfied shall revert to the Company. To the extent of unfunded vested benefits exist, ERISA provides that such benefits will be payable to participants by the PBGC up to specified limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Company and level of benefits guaranteed by the PBGC.

**(10) Administrative Expenses**

Expenses directly related to the Plan are paid from the Plan, unless the Company elects to pay them. For the years ended December 31, 2013 and 2012 certain Plan expenses were paid by the Company.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**(11) Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**(12) Fair Value Measurements**

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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.

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.

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.

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

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

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 and Money Market Fund:* Valued at the quoted net asset value of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

|                            | <u>Assets at Fair Value as of December 31, 2013</u> |                |                |                      |
|----------------------------|-----------------------------------------------------|----------------|----------------|----------------------|
|                            | <u>Level 1</u>                                      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds:              |                                                     |                |                |                      |
| Bond funds                 | \$ 12,208,010                                       | \$ -           | \$ -           | \$ 12,208,010        |
| Balanced funds             | 15,387,866                                          | -              | -              | 15,387,866           |
| Growth funds               | <u>5,003,776</u>                                    | <u>-</u>       | <u>-</u>       | <u>5,003,776</u>     |
| Total mutual funds         | 32,599,652                                          | -              | -              | 32,599,652           |
| Money market funds         | <u>111,620</u>                                      | <u>-</u>       | <u>-</u>       | <u>111,620</u>       |
| Total assets at fair value | <u>\$ 32,711,272</u>                                | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 32,711,272</u> |

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

**Assets at Fair Value as of December 31, 2012**

|                            | <u><b>Level 1</b></u> | <u><b>Level 2</b></u> | <u><b>Level 3</b></u> | <u><b>Total</b></u>  |
|----------------------------|-----------------------|-----------------------|-----------------------|----------------------|
| Mutual funds:              |                       |                       |                       |                      |
| Bond funds                 | \$ 11,343,034         | \$ -                  | \$ -                  | \$ 11,343,034        |
| Balanced funds             | 13,353,925            | -                     | -                     | 13,353,925           |
| Growth funds               | <u>4,167,700</u>      | <u>-</u>              | <u>-</u>              | <u>4,167,700</u>     |
| Total mutual funds         | 28,864,659            | -                     | -                     | 28,864,659           |
| Money market funds         | <u>499,388</u>        | <u>-</u>              | <u>-</u>              | <u>499,388</u>       |
| Total assets at fair value | <u>\$ 29,364,047</u>  | <u>\$ -</u>           | <u>\$ -</u>           | <u>\$ 29,364,047</u> |

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Schedule 1

EIN # 02-0485231

PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(i) -  
Schedule of Assets (Held at End of Year)

December 31, 2013

| (a)                 | (b)<br>Identity of Issues, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|---------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| Mutual Funds:       |                                                                 |                                                                                                                     |                      |                         |
| *                   | Columbia Acorn Fund CL Z                                        | Mutual Fund                                                                                                         | \$ 857,089           | \$ 1,079,379            |
|                     | Legg Mason BW Global Opportunities Bond Fund                    | Mutual Fund                                                                                                         | 1,535,077            | 1,452,445               |
|                     | Loomis Sayles Investment Grade Fixed Income                     | Mutual Fund                                                                                                         | 3,366,399            | 3,282,210               |
|                     | Metropolitan West Total Return Bond Class I                     | Mutual Fund                                                                                                         | 3,349,609            | 3,263,505               |
|                     | Aberdeen Emerging Markets Institutional                         | Mutual Fund                                                                                                         | 1,513,822            | 1,516,096               |
|                     | PIMCO Long Duration Total Return                                | Mutual Fund                                                                                                         | 3,165,977            | 2,724,977               |
|                     | PIMCO Global Multi-asset Fund Institutional Class               | Mutual Fund                                                                                                         | 3,158,734            | 2,888,736               |
|                     | PIMCO Unconstrained BD Fund Institutional                       | Mutual Fund                                                                                                         | 1,510,219            | 1,484,873               |
|                     | Neuberger Berman Genesis Institutional                          | Mutual Fund                                                                                                         | 1,945,986            | 2,408,301               |
|                     | Vanguard Institutional Index Fund                               | Mutual Fund                                                                                                         | 5,944,021            | 7,688,558               |
|                     | Harbor International Fund                                       | Mutual Fund                                                                                                         | 3,916,854            | 4,810,572               |
|                     |                                                                 |                                                                                                                     | <u>30,263,787</u>    | <u>32,599,652</u>       |
| Money Market Funds: |                                                                 |                                                                                                                     |                      |                         |
| *                   | Columbia Government Plus Reserves                               | Money Market                                                                                                        | 111,620              | 111,620                 |
| Accrued income      |                                                                 |                                                                                                                     | <u>15,544</u>        | <u>15,544</u>           |
|                     |                                                                 |                                                                                                                     | <u>\$ 30,390,951</u> | <u>\$ 32,726,816</u>    |

\* Denotes party-in-interest as defined by ERISA

See independent auditors' report.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

EIN # 02-0485231  
 PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year ended December 31, 2013

| (a)<br>Identity of party involved | (b)<br>Number of transactions | (c)<br>Description of asset                  | (d)<br>Purchase price | (e)<br>Selling price | (f)<br>Cost of asset | (g)<br>Current value of asset on transaction date | (h)<br>Gain |
|-----------------------------------|-------------------------------|----------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|-------------|
| Aberdeen Asset Management         | 1                             | Aberdeen Emerging Markets Institutional Fund | 100,000               | -                    | 100,000              | 100,000                                           | -           |
| Harbor Funds                      | 1                             | Harbor International Fund                    | 50,000                | -                    | 50,000               | 50,000                                            | -           |
| Harbor Funds                      | 1                             | Harbor International Fund                    | -                     | 175,000              | 161,852              | 174,569                                           | 431         |
| Legg Mason                        | 1                             | Legg Mason BW Global Opportunities Bond      | -                     | 190,000              | 197,707              | 202,724                                           | (12,724)    |
| Loomis Sayles                     | 3                             | Loomis Sayles Investment Grade Fixed Income  | 200,000               | -                    | 200,000              | 200,000                                           | -           |
| Loomis Sayles                     | 1                             | Loomis Sayles Investment Grade Fixed Income  | -                     | 324,995              | 329,716              | 334,515                                           | (9,521)     |
| Metropolitan West                 | 3                             | Metropolitan West Total Return Bond Class I  | 150,000               | -                    | 150,000              | 150,000                                           | -           |
| Metropolitan West                 | 1                             | Metropolitan West Total Return Bond Class I  | -                     | 325,000              | 331,383              | 332,995                                           | (7,995)     |
| PIMCO                             | 2                             | PIMCO Long Duration Total Return Fund        | 150,000               | -                    | 150,000              | 150,000                                           | -           |
| PIMCO                             | 1                             | PIMCO Unconstrained Bond Fund Institutional  | 1,500,000             | -                    | 1,500,000            | 1,500,000                                         | -           |
| PIMCO                             | 2                             | PIMCO Global Multi-Asset Fund Institutional  | 250,000               | -                    | 250,000              | 250,000                                           | -           |
| Vanguard Funds                    | 3                             | Vanguard Institutional Index Fund            | -                     | 485,000              | 423,974              | 433,386                                           | 51,614      |

See independent auditors' report.

Plan Name: Kollsman, Inc. Defined Benefit Retirement Plan  
 EIN: 02-0485231  
 Plan Number: 002

Schedule SB, Line 26--Schedule of Active Participant Data

| Attained Age |                | YEARS OF CREDITED SERVICE |                |                |                |                |                |                |                |                |                |                |  | 40 & up |  |
|--------------|----------------|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--|---------|--|
|              |                | Under 1                   | 1 to 4         | 5 to 9         | 10 to 14       | 15 to 19       | 20 to 24       | 25 to 29       | 30 to 34       | 35 to 39       |                |                |  |         |  |
| No.          | Avg. Comp. No. | Avg. Comp. No.            | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. | Avg. Comp. No. |  |         |  |
| Under 25     | 0              | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |  |         |  |
| 25 to 29     | 0              | 3                         | 3              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |  |         |  |
| 30 to 34     | 0              | 5                         | 3              | 1              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |  |         |  |
| 35 to 39     | 0              | 3                         | 19             | 1              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |  |         |  |
| 40 to 44     | 0              | 9                         | 12             | 4              | 3              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |  |         |  |
| 45 to 49     | 0              | 10                        | 15             | 7              | 5              | 0              | 5              | 6              | 0              | 0              | 0              | 0              |  |         |  |
| 50 to 54     | 0              | 8                         | 22             | 8              | 5              | 1              | 10             | 29             | 1              | 0              | 0              | 0              |  |         |  |
| 55 to 59     | 0              | 7                         | 23             | 7              | 8              | 1              | 7              | 30             | 13             | 0              | 0              | 0              |  |         |  |
| 60 to 64     | 0              | 0                         | 14             | 5              | 6              | 4              | 3              | 18             | 9              | 0              | 0              | 0              |  |         |  |
| 65 to 69     | 0              | 0                         | 6              | 0              | 2              | 0              | 4              | 2              | 4              | 0              | 0              | 0              |  |         |  |
| 70 & up      | 0              | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 2              | 0              | 0              | 0              |  |         |  |

**SECTION XII**

**ACTUARIAL COST METHODS**

**Traditional Unit Credit**

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

**Projected Unit Credit**

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

**SECTION XIII**

**ACTUARIAL METHODS AND ASSUMPTIONS**

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets – Average of fair market value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets [IRC Sec. 430(g)(3)(B)]. This method is restricted such that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the fair market value of assets over a long period of time.

Discount Rates for Minimum Funding – September 2012 MAP-21 segment rates (4 month look back):

|                            |        |
|----------------------------|--------|
| 1. PPA funding - segment 1 | 4.940% |
| 2. PPA funding - segment 2 | 6.150% |
| 3. PPA funding - segment 3 | 6.760% |

Plan's Effective Interest Rate: 6.350%

Discount Rates for Maximum Deductible Contribution – September 2012 PPA segment rates (4 month look back):

|                            |        |
|----------------------------|--------|
| 1. PPA funding - segment 1 | 1.750% |
| 2. PPA funding - segment 2 | 4.620% |
| 3. PPA funding - segment 3 | 5.720% |

Maximum Deductible Effective Interest Rate: 5.010%

Financial Accounting Standards Board ASC 960 Rates:

Minimum Contribution Rates (above)

Salary Scale – A constant increase of 2.40% was assumed. Shown below are the salaries at age 65 expressed as a percent of the salary at sample ages as follows:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 20         | 291%         | 291%           |
| 25         | 258%         | 258%           |
| 30         | 229%         | 229%           |
| 35         | 204%         | 204%           |
| 40         | 181%         | 181%           |
| 45         | 161%         | 161%           |
| 50         | 143%         | 143%           |
| 55         | 127%         | 127%           |
| 60         | 113%         | 113%           |

Taxable Wage Base Increase Assumption – Increases to the taxable wage base were assumed to be 3.00% per annum.

**SECTION XIII (Cont.)**

Retirement Rates – Employees were assumed to retire in accordance with the rates shown below:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 55         | 0.0500       | 0.0500         |
| 56         | 0.0300       | 0.0300         |
| 57         | 0.0300       | 0.0300         |
| 58         | 0.0300       | 0.0300         |
| 59         | 0.0300       | 0.0300         |
| 60         | 0.0300       | 0.0300         |
| 61         | 0.0300       | 0.0300         |
| 62         | 0.2500       | 0.2500         |
| 63         | 0.1000       | 0.1000         |
| 64         | 0.1000       | 0.1000         |
| 65         | 0.6000       | 0.6000         |
| 66         | 0.4000       | 0.4000         |
| 67         | 0.2000       | 0.2000         |
| 68         | 0.2000       | 0.2000         |
| 69         | 0.2000       | 0.2000         |
| 70         | 1.0000       | 1.0000         |

Termination – Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 20         | 0.4000       | 0.4000         |
| 25         | 0.2500       | 0.2500         |
| 30         | 0.1600       | 0.1600         |
| 35         | 0.1000       | 0.1000         |
| 40         | 0.0500       | 0.0500         |
| 45         | 0.0200       | 0.0200         |
| 50         | 0.0000       | 0.0000         |
| 55         | 0.0000       | 0.0000         |
| 60         | 0.0000       | 0.0000         |

Pre-retirement Mortality – IRS 2013 P.V. M Non-annuitants (1.430(h)) and IRS 2013 P.V. F Non-annuitants (1.430(h)) – Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 20         | 0.0002       | 0.0001         |
| 25         | 0.0003       | 0.0001         |
| 30         | 0.0004       | 0.0002         |
| 35         | 0.0007       | 0.0003         |
| 40         | 0.0009       | 0.0005         |
| 45         | 0.0010       | 0.0007         |
| 50         | 0.0013       | 0.0010         |
| 55         | 0.0018       | 0.0020         |
| 60         | 0.0031       | 0.0034         |

**SECTION XIII (Cont.)**

Post-retirement Mortality – IRS 2013 P.V. M Annuitants (1.430(h)(3)) and IRS 2013 P.V. F Annuitants (1.430(h)(3)) – Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 65         | 0.0101       | 0.0094         |
| 70         | 0.0164       | 0.0151         |
| 75         | 0.0285       | 0.0239         |
| 80         | 0.0526       | 0.0399         |
| 85         | 0.0962       | 0.0687         |
| 90         | 0.1693       | 0.1240         |
| 95         | 0.2570       | 0.1869         |
| 100        | 0.3377       | 0.2328         |
| 105        | 0.3979       | 0.2931         |

Rates of Disablement – Rates of disablement were not assumed.

Post-Disablement Mortality – IRS 2013 P.V. M Annuitants (1.430(h)(3)) and IRS 2013 P.V. F Annuitants (1.430(h)(3)) – Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 65         | 0.0101       | 0.0094         |
| 70         | 0.0164       | 0.0151         |
| 75         | 0.0285       | 0.0239         |
| 80         | 0.0526       | 0.0399         |
| 85         | 0.0962       | 0.0687         |
| 90         | 0.1693       | 0.1240         |
| 95         | 0.2570       | 0.1869         |
| 100        | 0.3377       | 0.2328         |
| 105        | 0.3979       | 0.2931         |

Administrative Expenses – Expenses of \$96,682 per annum were assumed.

Percent Married – 70% of males and 70% of females were assumed to be married.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                  |                                                                                                                                      |                                            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                  |                                                                                                                                      |                                            |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                  |                                                                                                                                      |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) ____                               |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;          | <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here.                                       | <input type="checkbox"/>                                                                                         |                                                                                                                                      |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;<br><input type="checkbox"/> special extension (enter description) | <input type="checkbox"/> automatic extension;                                                                                        | <input type="checkbox"/> the DFVC program; |

|                                                                                                                   |                                                |              |  |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                             |                                                |              |  |
| <b>1a</b> Name of plan                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶       | 002          |  |
| KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN                                                                    | <b>1c</b> Effective date of plan               | 01/01/1996   |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) | <b>2b</b> Employer Identification Number (EIN) | 02-0485231   |  |
| KOLLSMAN, INC.                                                                                                    | <b>2c</b> Sponsor's telephone number           | 603-889-2500 |  |
| 220 DANIEL WEBSTER HIGHWAY                                                                                        | <b>2d</b> Business code (see instructions)     | 333310       |  |
| MERRIMACK NH 03054-4844                                                                                           |                                                |              |  |

**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.

|                                                                                                            |                                    |                |                                                              |
|------------------------------------------------------------------------------------------------------------|------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           |                                    | <u>10/9/14</u> | An Le                                                        |
|                                                                                                            | Signature of plan administrator    | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                    | <u>10/9/14</u> | An Le                                                        |
|                                                                                                            | Signature of employer/plan sponsor | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                    |                |                                                              |
|                                                                                                            | 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)                       |
|                                                                                                            |                                    |                |                                                              |

|                                                                                                                                                                                                                                             |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br>KOLLSMAN, INC.<br><br>220 DANIEL WEBSTER HIGHWAY<br><br>MERRIMACK NH 03054-4844 | <b>3b</b> Administrator's EIN<br>02-0485231<br><hr/> <b>3c</b> Administrator's telephone number<br>603-889-2500 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                     | <b>5</b> 775                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                                                                                                                      |                                                                                                                 |
| <b>a</b> Active participants .....                                                                                                                                                                                                          | <b>6a</b> 338                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                         | <b>6b</b> 232                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                          | <b>6c</b> 178                                                                                                   |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c .....                                                                                                                                                                                           | <b>6d</b> 748                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                  | <b>6e</b> 15                                                                                                    |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                                                                                                   | <b>6f</b> 763                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                             | <b>6g</b>                                                                                                       |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                 | <b>6h</b> 7                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                        | <b>7</b>                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3F 3H                                                                    |                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                 |                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                    | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                           |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> H (Financial Information)<br>(2) <input type="checkbox"/> I (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> A (Insurance Information)<br>(4) <input checked="" type="checkbox"/> C (Service Provider Information)<br>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> G (Financial Transaction Schedules) |

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

EIN # 02-0485231  
PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year ended December 31, 2013

| (a)<br>Identity of party involved | (b)<br>Number of transactions | (c)<br>Description of asset                  | (d)<br>Purchase price | (e)<br>Selling price | (f)<br>Cost of asset | (g)<br>Current value of asset on transaction date | (h)<br>Gain |
|-----------------------------------|-------------------------------|----------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|-------------|
| Aberdeen Asset Management         | 1                             | Aberdeen Emerging Markets Institutional Fund | 100,000               | -                    | 100,000              | 100,000                                           | -           |
| Harbor Funds                      | 1                             | Harbor International Fund                    | 50,000                | -                    | 50,000               | 50,000                                            | -           |
| Harbor Funds                      | 1                             | Harbor International Fund                    | -                     | 175,000              | 161,852              | 174,569                                           | 431         |
| Legg Mason                        | 1                             | Legg Mason BW Global Opportunities Bond      | -                     | 190,000              | 197,707              | 202,724                                           | (12,724)    |
| Loomis Sayles                     | 3                             | Loomis Sayles Investment Grade Fixed Income  | 200,000               | -                    | 200,000              | 200,000                                           | -           |
| Loomis Sayles                     | 1                             | Loomis Sayles Investment Grade Fixed Income  | -                     | 324,995              | 329,716              | 334,515                                           | (9,521)     |
| Metropolitan West                 | 3                             | Metropolitan West Total Return Bond Class I  | 150,000               | -                    | 150,000              | 150,000                                           | -           |
| Metropolitan West                 | 1                             | Metropolitan West Total Return Bond Class I  | -                     | 325,000              | 331,383              | 332,995                                           | (7,995)     |
| PIMCO                             | 2                             | PIMCO Long Duration Total Return Fund        | 150,000               | -                    | 150,000              | 150,000                                           | -           |
| PIMCO                             | 1                             | PIMCO Unconstrained Bond Fund Institutional  | 1,500,000             | -                    | 1,500,000            | 1,500,000                                         | -           |
| PIMCO                             | 2                             | PIMCO Global Multi-Asset Fund Institutional  | 250,000               | -                    | 250,000              | 250,000                                           | -           |
| Vanguard Funds                    | 3                             | Vanguard Institutional Index Fund            | -                     | 485,000              | 423,974              | 433,386                                           | 51,614      |

See independent auditors' report.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

► 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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN                                                                                 | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>KOLLSMAN, INC.                                                              | <b>D</b> Employer Identification Number (EIN)<br>02-0485231 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

**Part I Basic Information**

|                                                                                                                                                                                                          |              |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>                                                                                                                        |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                         |              |                            |                    |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>    | 29460266                   |                    |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    | 28827895                   |                    |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                     |              |                            |                    |
|                                                                                                                                                                                                          |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 220                        | 10074727           |
| b For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 182                        | 5771201            |
| c For active participants:                                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> |                            | 886496             |
| (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> |                            | 16124697           |
| (3) Total active .....                                                                                                                                                                                   | <b>3c(3)</b> | 373                        | 17011193           |
| d Total .....                                                                                                                                                                                            | <b>3d</b>    | 775                        | 32857121           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| 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 ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>     | 6.35%                      |                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>     | 1722089                    |                    |

**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.

|                                                                                                          |                      |                                                                                                            |
|----------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                         | Signature of actuary | <u>September 16, 2014</u><br>Date                                                                          |
| DAVID PRATT WARD<br><br>Type or print name of actuary<br>THE ANGELL PENSION GROUP, INC.<br><br>Firm name |                      | 1404388<br><br>Most recent enrollment number<br>401-438-9250<br><br>Telephone number (including area code) |
| 88 BOYD AVENUE<br><br>EAST PROVIDENCE RI 02914<br><br>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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013

**Liquidity shortfall as of end of quarter of this plan year**

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 1722089            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4029372             | 928799             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 2650888            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 2650888            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 2651208            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 320                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

**Kollsman, Inc. Defined Benefit Retirement Plan**

**EIN: 02-0485231; Plan Number: 002**

**2013 Schedule SB, line 22 - Description of Weighted Average Retirement Age**

| (1)     | (2)                      | (3)                                          | (4)                                               | (5)       |
|---------|--------------------------|----------------------------------------------|---------------------------------------------------|-----------|
| Age     | Absolute Retirement Rate | Cumulative Probability of Not Having Retired | Probability of Employee Age 55 Retiring at Age(x) | (1) x (4) |
| 55      | 5%                       | 95.00%                                       | 5.00%                                             | 2.75      |
| 56      | 3%                       | 92.15%                                       | 2.85%                                             | 1.60      |
| 57      | 3%                       | 89.39%                                       | 2.76%                                             | 1.58      |
| 58      | 3%                       | 86.70%                                       | 2.68%                                             | 1.56      |
| 59      | 3%                       | 84.10%                                       | 2.60%                                             | 1.53      |
| 60      | 3%                       | 81.58%                                       | 2.52%                                             | 1.51      |
| 61      | 3%                       | 79.13%                                       | 2.45%                                             | 1.49      |
| 62      | 25%                      | 59.35%                                       | 19.78%                                            | 12.27     |
| 63      | 10%                      | 53.41%                                       | 5.93%                                             | 3.74      |
| 64      | 10%                      | 48.07%                                       | 5.34%                                             | 3.42      |
| 65      | 60%                      | 19.23%                                       | 28.84%                                            | 18.75     |
| 66      | 40%                      | 11.54%                                       | 7.69%                                             | 5.08      |
| 67      | 20%                      | 9.23%                                        | 2.31%                                             | 1.55      |
| 68      | 20%                      | 7.38%                                        | 1.85%                                             | 1.26      |
| 69      | 20%                      | 5.91%                                        | 1.48%                                             | 1.02      |
| 70      | 100%                     | 0.00%                                        | 5.91%                                             | 4.14      |
| TOTALS: |                          |                                              | 100.00%                                           | 63.22     |

\*

\* Average Assumed Retirement Age

## Appendix A

### Summary of Plan Provisions

*Plan Effective Date:* January 1, 1996

*Eligibility Requirements:* Age: 21  
Service: 1 year

*Year of Service:* For Part-time Employees: A Year of Service shall mean a 12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.

For all other Employees: Year of Service shall mean the sum of all service calculated in full years and completed months.

Eligibility: Computation period commences on employee's date of hire.

Vesting: Computation period commences on employee's date of hire.

Credit for vesting and eligibility purposes shall be given for service performed prior to the original Effective Date of the Plan.

Benefit Service: Computation period commences on employee's date of hire. Credit for service shall not be given prior to the original Effective Date of the Plan.

*Plan Entry Date:* An employee will enter the plan on the exact day following completion of the eligibility requirements. Effective January 1, 2010, Employees hired on or after January 1, 2010 are not permitted to enter the plan.

*Normal Retirement Date:* First day of the month coincident with or next following the participant's 65th birthday and 5 Years of Service.

*Compensation:* The total compensation for the plan year, including deferred compensation, bonuses, commissions, overtime, short term disability benefits, or other special compensation as provided for on participant's W-2. Compensation shall exclude severance payments and relocation expenses.

Effective January 1, 2002, no more than \$200,000 of compensation will be considered for plan purposes. This limit of \$200,000 is subject to the cost of living indexes. Effective January 1, 2013, the limit is \$255,000.

*Average Compensation:* Compensation averaged over the later of:

- (i) January 1, 1996
- (ii) Date of hire
- (iii) attainment of age 21, or
- (iv) the date the Employer becomes an Affiliated Employer

*Normal Retirement  
Benefit:* The greater of:

- (1) The sum of:
  - (a) 0.90% of Average Compensation multiplied by Years of Benefit Service, plus
  - (b) 0.60% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service.
- (2) 1.10% of Average Compensation multiplied by Years Benefit Service.
- (3) \$70.00 per month (applies to certain groups only).

*Normal Form of Benefit:* Life Annuity

*Accrued Benefit:* The amount a participant would be entitled under the benefit formula based upon the Average Monthly Compensation, Years of Credited Service, and the Plan provisions in effect as of the determination.

*Top-Heavy Minimum  
Accrued Benefit:* A participant will receive a minimum benefit equal to 2% Average Compensation for each Year of Service in which the plan is top-heavy

*Early Retirement:* A participant who has attained age 55 and 5 Years of Benefit Service may retire and receive an Early Retirement benefit. The amount of the Early Retirement Benefit equals the Accrued Benefit, reduced by 1/15th for each of the first 5 years and 1/30<sup>th</sup> for each of the next 5 years by which commencement precedes the Normal Retirement Date.

*Late Retirement:* Participants who continue employment after their Normal Retirement Date are eligible for a Late Retirement Benefit equal the monthly benefit determined under the benefit formula based on Average Compensation and Years of Benefit Service determined as of date of termination.

*Death Benefit:* The spouse of a participant who has been married for at least one year is entitled to a Qualified Preretirement Survivor Annuity. The spousal death benefit is based upon the survivor portion of a Joint & 50% Survivor Annuity.

No pre-retirement death benefits are payable on behalf of unmarried participants.

*Vesting:* Based on Years of Service, subject to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 5 years       | 0%                       |
| 5 years or more         | 100%                     |

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

**KOLLSMAN, INC.**  
**DEFINED BENEFIT RETIREMENT PLAN**

Schedule 1

EIN # 02-0485231

PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(i) -  
Schedule of Assets (Held at End of Year)

December 31, 2013

| (a)                 | (b)<br>Identity of Issues, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|---------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| Mutual Funds:       |                                                                 |                                                                                                                     |                      |                         |
| *                   | Columbia Acorn Fund CL Z                                        | Mutual Fund                                                                                                         | \$ 857,089           | \$ 1,079,379            |
|                     | Legg Mason BW Global Opportunities Bond Fund                    | Mutual Fund                                                                                                         | 1,535,077            | 1,452,445               |
|                     | Loomis Sayles Investment Grade Fixed Income                     | Mutual Fund                                                                                                         | 3,366,399            | 3,282,210               |
|                     | Metropolitan West Total Return Bond Class I                     | Mutual Fund                                                                                                         | 3,349,609            | 3,263,505               |
|                     | Aberdeen Emerging Markets Institutional                         | Mutual Fund                                                                                                         | 1,513,822            | 1,516,096               |
|                     | PIMCO Long Duration Total Return                                | Mutual Fund                                                                                                         | 3,165,977            | 2,724,977               |
|                     | PIMCO Global Multi-asset Fund Institutional Class               | Mutual Fund                                                                                                         | 3,158,734            | 2,888,736               |
|                     | PIMCO Unconstrained BD Fund Institutional                       | Mutual Fund                                                                                                         | 1,510,219            | 1,484,873               |
|                     | Neuberger Berman Genesis Institutional                          | Mutual Fund                                                                                                         | 1,945,986            | 2,408,301               |
|                     | Vanguard Institutional Index Fund                               | Mutual Fund                                                                                                         | 5,944,021            | 7,688,558               |
|                     | Harbor International Fund                                       | Mutual Fund                                                                                                         | 3,916,854            | 4,810,572               |
|                     |                                                                 |                                                                                                                     | <u>30,263,787</u>    | <u>32,599,652</u>       |
| Money Market Funds: |                                                                 |                                                                                                                     |                      |                         |
| *                   | Columbia Government Plus Reserves                               | Money Market                                                                                                        | 111,620              | 111,620                 |
| Accrued income      |                                                                 |                                                                                                                     | <u>15,544</u>        | <u>15,544</u>           |
|                     |                                                                 |                                                                                                                     | <u>\$ 30,390,951</u> | <u>\$ 32,726,816</u>    |

\* Denotes party-in-interest as defined by ERISA

See independent auditors' report.

SECTION V

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

| <u>Type/ Date<br/>Established</u> | <u>Initial<br/>Period</u> | <u>Initial<br/>Amount</u> | <u>Remaining<br/>Period</u> | <u>Remaining<br/>Amount</u> | <u>Annual<br/>Payment</u> |
|-----------------------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|---------------------------|
| <b>Shortfall</b>                  |                           |                           |                             |                             |                           |
| 01/01/2013                        | 7                         | \$ 2,711,098              | 7                           | \$ 2,711,098                | \$ 452,461                |
| 01/01/2012                        | 7                         | \$ -2,769,106             | 6                           | \$ -2,487,834               | \$ -470,033               |
| 01/01/2011                        | 7                         | \$ 2,061,152              | 5                           | \$ 1,543,301                | \$ 339,120                |
| 01/01/2010                        | 7                         | \$ 3,608,318              | 4                           | \$ 2,262,807                | \$ 607,251                |
|                                   |                           |                           |                             | -----                       | -----                     |
| Totals                            |                           |                           |                             | \$ 4,029,372                | \$ 928,799                |