

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>03/01/2013</u> and ending <u>02/28/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/30/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/30/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/30/1964</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HARVEY INDUSTRIES, INC.</u> <u>1400 MAIN STREET</u> <u>WALTHAM, MA 02451</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2282465</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>781-899-3500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2282465</u>	2c Sponsor's telephone number <u>781-899-3500</u>	2d Business code (see instructions) <u>423300</u>	
2b Employer Identification Number (EIN) <u>04-2282465</u>					
2c Sponsor's telephone number <u>781-899-3500</u>					
2d Business code (see instructions) <u>423300</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.

SIGN HERE	Filed with authorized/valid electronic signature.	12/09/2014	CYNTHIA AULENBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1359
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	1116
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	244
d Subtotal. Add lines 6a , 6b , and 6c		6d	1360
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	1361
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1336
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	65
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2H 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 03/01/2013 and ending 02/28/2014		
A Name of plan HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARVEY INDUSTRIES, INC.	D Employer Identification Number (EIN) 04-2282465	

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

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	30500	1336	03/01/2013	02/28/2014

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	3448481

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 03/01/2013 and ending 02/28/2014	
A Name of plan HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HARVEY INDUSTRIES, INC.	D Employer Identification Number (EIN) 04-2282465

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY CLIENT	42279	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WINDHAVEN INVESTMENT MANAGEMENT

27-3763801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	RETAINED BY CLIENT	37483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 03/01/2013 and ending 02/28/2014

A Name of plan <u>HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HARVEY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>04-2282465</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW YORK LIFE ANCHOR ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5582869-125</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3448481</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA BOND MARKET INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>04-0025081-498</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4070961</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S & P 500 FLAGSHIP FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>04-0025081-065</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3831943</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCATOR INTERNATIONAL EQUITY FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>02-6126995-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4690503</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLCHESTER GLOBAL BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>COLCHESTER GLOBAL INVESTORS LTD</u>			
c EIN-PN <u>36-7324183-000</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2800792</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOSTON TRUST CAPITAL GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>BOSTON TRUST & INVESTMENT MGMT</u>			
c EIN-PN <u>04-6808979-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2268538</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>			
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>228742</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **EB DAILY VALUED GLOBAL ALPHA II**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-127	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3793747
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 03/01/2013 and ending 02/28/2014		
A Name of plan HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARVEY INDUSTRIES, INC.	D Employer Identification Number (EIN) 04-2282465	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	3000000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	731949	301011
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	4560519	4633301
(9) Value of interest in common/collective trusts	1c(9)	15004122	14193931
(10) Value of interest in pooled separate accounts	1c(10)	3049695	3448481
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	6799876	7491295
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	53805691	63118135
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83951852	96186154

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	83951852	96186154
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3000000	
(B) Participants	2a(1)(B)	2967027	
(C) Others (including rollovers)	2a(1)(C)	113120	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6080147
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	122	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	196283	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		196405
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	495924	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		495924
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6319	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6319

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2094556
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-8630
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-32680
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8483809
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17303212

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4987141	
(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)		4987141
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)	44286	
(3) Investment advisory and management fees.....	2i(3)	37483	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		81769
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5068910

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		12234302
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: **CARON BLETZER, PLLC**

(2) EIN: **04-3499945**

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 03/01/2013 and ending 02/28/2014

A Name of plan <u>HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARVEY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>04-2282465</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**HARVEY INDUSTRIES, INC. PROFIT SHARING
AND 401(k) PLAN AND TRUST**

FINANCIAL STATEMENTS

February 28, 2014 and 2013 and
For the Year Ended February 28, 2014



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

HARVEY INDUSTRIES, INC.
PROFIT SHARING AND 401(k) PLAN AND TRUST
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February 28, 2014 and 2013

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Certain supplemental schedules have been omitted because they are either not required or not applicable.

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES TO ACCOMPANY THE 2013 FORM 5500
ANNUAL REPORT OF EMPLOYEE BENEFIT PLAN
UNDER ERISA OF 1974





Independent Auditor's Report

To the Plan Administrator of the
Harvey Industries, Inc. Profit Sharing and 401(k) Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Harvey Industries, Inc. Profit Sharing and 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for plan benefits as of February 28, 2014 and 2013, and the related statement of changes in net assets available for plan benefits for the year ended February 28, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by New York Life Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of February 28, 2014 and 2013, and for the year ended February 28, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of February 28, 2014 and Schedule of Reportable Transactions for the year ended February 28, 2014 are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Canon & Bleger, PLLC". The signature is written in a cursive, flowing style.

Kingston, NH
December 3, 2014

HARVEY INDUSTRIES, INC.
PROFIT SHARING AND 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
February 28, 2014 and 2013

	2014			2013		
	Participant <u>directed</u>	Non-participant <u>directed</u>	<u>Total</u>	Participant <u>directed</u>	Non-participant <u>directed</u>	<u>Total</u>
Assets:						
Investments, at fair value:						
Common collective trusts	\$ -	\$ 13,965,190	\$ 13,965,190	\$ -	\$ 14,878,510	\$ 14,878,510
Mutual funds	40,383,675	18,045,792	58,429,467	32,598,933	16,950,742	49,549,675
Limited partnerships	-	7,491,295	7,491,295	-	6,799,876	6,799,876
Pooled separate account	3,448,481	-	3,448,481	3,049,695	-	3,049,695
Exchange traded funds	-	5,218,420	5,218,420	-	5,113,577	5,113,577
Total investments, at fair value	43,832,156	44,720,697	88,552,853	35,648,628	43,742,705	79,391,333
Receivables:						
Notes receivable from participants	3,470,724	1,162,577	4,633,301	3,331,006	1,229,513	4,560,519
Employer contributions	-	3,000,000	3,000,000	-	-	-
Total receivables	3,470,724	4,162,577	7,633,301	3,331,006	1,229,513	4,560,519
Net assets available for plan benefits at fair value	47,302,880	48,883,274	96,186,154	38,979,634	44,972,218	83,951,852
Adjustment from fair value to contract value for interest in investments relating to fully benefit-responsive investment contracts	(37,858)	-	(37,858)	(60,384)	-	(60,384)
Net assets available for plan benefits	<u>\$ 47,265,022</u>	<u>\$ 48,883,274</u>	<u>\$ 96,148,296</u>	<u>\$ 38,919,250</u>	<u>\$ 44,972,218</u>	<u>\$ 83,891,468</u>

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

HARVEY INDUSTRIES, INC.
PROFIT SHARING AND 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the year ended February 28, 2014

	Participant directed	Non-participant directed	Total
Additions:			
Participant contributions	\$ 2,967,027	\$ -	\$ 2,967,027
Employer contributions	-	3,000,000	3,000,000
Rollover contributions	113,120	-	113,120
Net appreciation in fair value of investments	5,663,513	3,606,695	9,270,208
Dividend and interest income	<u>1,460,795</u>	<u>514,588</u>	<u>1,975,383</u>
Total additions	10,204,455	7,121,283	17,325,738
Deductions:			
Distributions to participants	1,843,987	3,143,154	4,987,141
Administrative expenses	<u>14,696</u>	<u>67,073</u>	<u>81,769</u>
Total deductions	<u>1,858,683</u>	<u>3,210,227</u>	<u>5,068,910</u>
Net increase	8,345,772	3,911,056	12,256,828
Net assets available for plan benefits, beginning of year	<u>38,919,250</u>	<u>44,972,218</u>	<u>83,891,468</u>
Net assets available for plan benefits, end of year	<u>\$ 47,265,022</u>	<u>\$ 48,883,274</u>	<u>\$ 96,148,296</u>

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

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

A. PLAN DESCRIPTION:

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

General

The Plan is a defined contribution pension plan covering substantially all employees and consisting of voluntary participant contributions and discretionary employer profit sharing contributions. Employees of the Company who have completed one month of service and have attained age 18 are eligible to make deferral contributions. Temporary employees, seasonal workers, and interns are required to attain age 18 and complete a 12-month period of employment with Company where they are credited with at least 1,000 hours of service in order to be eligible to participate in the plan. All employees who have attained age 18 and have completed one year (at least 1,000 hours) of service and are employed on the first and last day of the plan year are eligible to receive an allocation of any profit sharing contributions made by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - 401(k) Component

Participants may elect to defer a portion of their compensation, as defined by the Plan, on a pretax basis or in the form of a Roth contribution. Non-highly compensated participants may contribute up to 100% of their annual compensation and highly compensated participants may contribute up to 10% of their annual compensation, subject to IRS limitations. Each newly hired employee shall be automatically enrolled in the plan at a pre-tax contribution rate of 3% of compensation after meeting eligibility requirements. The participant may elect to cease or change the amount of these contributions at any time. All participant funds are maintained separately from employer contributions, which are included in the profit sharing component of the Plan. Participants who are at least age 50 may also make additional catch-up contributions subject to IRC limitations. Participants may also contribute funds from another qualified retirement plan ("rollover contributions"), subject to certain requirements.

Contributions from Company - Profit Sharing Component

The Company may elect to make discretionary profit sharing contributions to the Plan. The Company elected to contribute \$3,000,000 for the year ended February 28, 2014. Allocation to participants of the profit sharing contribution is based on a formula which considers length of service and current year compensation. Company contributions are invested at the discretion of the Plan's trustee.

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

Participant Accounts

Each participant's account reflects the participant's contributions and withdrawals, as applicable, and allocations of (a) the Company's contributions and (b) plan earnings. Allocation of plan earnings is based on the participant's account balance in proportion to the total of all participants' account balances for each fund in which contributions are invested. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants determine the percentage in which 401(k) contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. Company contributions are invested at the discretion of the Plan's trustee.

Vesting

Participants are fully vested in that portion of their account which relates to their contributions and the income earned thereon. Participants become 100% vested in Company profit sharing contributions upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, a participant's interest in Company contributions and earnings thereon vests as follows:

<u>Completed Years of Service</u>	<u>Percent</u>
Less than 2 years	0 %
2 years but less than 3	20 %
3 years but less than 4	40 %
4 years but less than 5	60 %
5 years but less than 6	80 %
6 years or more	100 %

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. If a forfeiting participant is re-employed and fulfills certain requirements, as set forth in the Plan, the participant's account will be restored. Forfeitures of profit sharing contributions are allocated to participants based on the same formula used to determine the allocation of profit sharing contributions to participants. They may also be used to pay administrative expenses. For the year ended February 28, 2014, \$4,802 of forfeitures were used to pay administrative expenses and \$117,247 were allocated to participants. Total unapplied forfeitures were \$0 and \$8,603 at February 28, 2014 and 2013, respectively.

Unallocated Account

New York Life Trust Company credits the Plan with an amount equal to a percentage of each participant's assets which is accrued daily. This credit is held in an unallocated expense budget account and is an asset of the Plan that may be used to pay plan expenses. No credits were used to pay plan expenses for the year ended February 28, 2014. Unallocated assets were \$19,461 and \$0 at February 28, 2014 and 2013, respectively.

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

Notes Receivable from Participants

A participant may borrow an aggregate amount up to the lesser of \$50,000 or 50% of the participant's vested account balance, subject to plan limitations. The minimum loan allowed is \$1,000. Loans must bear a reasonable rate of interest commensurate with local prevailing interest rates, as determined by the plan administrator. Loans are collateralized by the participant's nonforfeitable interest in the Plan and are supported by a promissory note. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. A participant may take a loan from their account for any reason and may have no more than two loans outstanding at any one time. Participant loans are valued at the unpaid principal balance plus any accrued but unpaid interest and categorized as notes receivable from participants on the statements of net assets available for plan benefits. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Distribution of Benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants who terminate employment and have a vested account balance of less than \$1,000 will receive a lump sum distribution of 100% of their vested benefits. Participants who have a vested account balance between \$1,000 and \$5,000 will have their funds transferred to an individual retirement account in the participant's name unless they elect to take a distribution or rollover from the Plan. Participants who have a vested account balance in excess of \$5,000 may leave their funds invested in the Plan or may elect a lump sum distribution.

A participant may also request a withdrawal upon attainment of age 59^{1/2} or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to Section 401(k) of the Internal Revenue Code or standards established by the Secretary of the Treasury or his delegate.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Presentation

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for plan benefits

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

present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

Valuation of Investments 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 on the measurement date. See Note D for 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefits

Benefit payments to participants are recorded when paid.

Expenses

Substantially all of the Plan's expenses are paid by the Company except for participant initiated transaction fees and expenses paid with Plan forfeitures, as provided by the Plan document.

Use of Estimates

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

Risk and Uncertainties

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than do the effects of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index. The Plan's investments are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments securities, it is reasonably possible that changes in the 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 plan benefits.

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

C. INVESTMENTS:

The following is a summary of individual investments that represent 5% or more of the Plan's net assets available for plan benefits at February 28, 2014 and 2013:

	2014	2013
SSgA Bond Market Index Fund **	\$ 4,070,961	\$ 4,221,171 *
Pimco All Asset Fund **	4,860,075 *	4,801,669 *
MainStay ICAP Select Equity I Fund	5,209,837 *	4,411,724 *
Vanguard Institutional Index Fund	7,181,023 *	5,487,885 *

* Represents 5% or more of net assets available for plan benefits.

** Non-participant directed investment.

During the year ended February 28, 2014 the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

	Participant directed	Non-participant directed	Total
Common collective trusts	\$ -	\$ 1,133,906	\$ 1,133,906
Mutual funds	5,663,513	1,048,600	6,712,113
Limited partnerships	-	978,855	978,855
Exchange traded funds	-	445,334	445,334
Total net appreciation in fair value	<u>\$ 5,663,513</u>	<u>\$ 3,606,695</u>	<u>\$ 9,270,208</u>

D. FAIR VALUE MEASUREMENTS:

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring 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 are described below.

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 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 - Inputs to the valuation methodology that are unobservable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

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.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at February 28, 2014 and 2013.

Common collective trusts: Valued at net asset value based on information reported by the trustee with reference to the market value of the trust's underlying assets at year end. The common collective trusts are audited annually.

Mutual funds and exchange traded funds: Valued at the net asset value of the shares held by the Plan at year end as determined by quoted market prices.

Limited partnerships: Valued at net asset value based upon financial information provided by the investment manager for each fund with reference to the underlying investments. The limited partnerships are audited annually.

Pooled separate account: Valued at net asset value based on information reported by the trustee with reference to the market value of the separate account's underlying assets at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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.

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

The following tables set forth by level and by investment class, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2014 and 2013:

Description	2014			
	Total	Level 1	Level 2	Level 3
Common collective trusts:				
Treasury (a)	\$ 3,793,747	\$ -	\$ 3,793,747	\$ -
Large cap (b)	6,100,482	-	6,100,482	-
Bond (c)	4,070,961	-	4,070,961	-
Total common collective trusts	13,965,190	-	13,965,190	-
Mutual funds:				
Diversified emerging markets	2,582,439	2,582,439	-	-
Bond	8,808,151	8,808,151	-	-
Large cap	1,701,182	1,701,182	-	-
Blend	21,658,596	21,658,596	-	-
Value	10,879,673	10,879,673	-	-
Growth	12,498,414	12,498,414	-	-
Money market	301,012	301,012	-	-
Total mutual funds	58,429,467	58,429,467	-	-
Limited partnerships:				
International equity (d)	2,800,792	-	2,800,792	-
International bond (e)	4,690,503	-	4,690,503	-
Total limited partnerships	7,491,295	-	7,491,295	-
Pooled separate account:				
Stable value	3,448,481	-	3,448,481	-
Exchange traded funds:				
U.S. equity	1,400,854	1,400,854	-	-
International bond	126,633	126,633	-	-
Hard assets	408,155	408,155	-	-
U.S. real estate	105,276	105,276	-	-
U.S. TIPS	143,242	143,242	-	-
U.S. bond	1,580,866	1,580,866	-	-
International	1,129,941	1,129,941	-	-
International real estate	94,711	94,711	-	-
Money market	228,742	228,742	-	-
Total exchange traded funds	5,218,420	5,218,420	-	-
Total	\$ 88,552,853	\$ 63,647,887	\$ 24,904,966	\$ -

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

Description	2013			
	Total	Level 1	Level 2	Level 3
Common collective trusts:				
Treasury (a)	\$ 3,814,821	\$ -	\$ 3,814,821	\$ -
Large cap (b)	6,842,518	-	6,842,518	-
Bond (c)	4,221,171	-	4,221,171	-
Total common collective trusts	14,878,510	-	14,878,510	-
Mutual funds:				
Diversified emerging markets	2,760,088	2,760,088	-	-
Bond	9,449,453	9,449,453	-	-
Blend	16,955,019	16,955,019	-	-
Value	9,910,822	9,910,822	-	-
Growth	9,742,344	9,742,344	-	-
Money market	731,949	731,949	-	-
Total mutual funds	49,549,675	49,549,675	-	-
Limited partnerships:				
International equity (d)	2,796,037	-	2,796,037	-
International bond (e)	4,003,839	-	4,003,839	-
Total limited partnerships	6,799,876	-	6,799,876	-
Pooled separate account:				
Stable value	3,049,695	-	3,049,695	-
Exchange traded funds:				
U.S. equity	1,369,872	1,369,872	-	-
International bond	138,781	138,781	-	-
Hard assets	348,443	348,443	-	-
U.S. real estate	309,938	309,938	-	-
U.S. TIPS	153,804	153,804	-	-
U.S. bond	1,249,900	1,249,900	-	-
International	1,092,536	1,092,536	-	-
International real estate	324,692	324,692	-	-
Money market	125,611	125,611	-	-
Total exchange traded funds	5,113,577	5,113,577	-	-
Total	\$ 79,391,333	\$ 54,663,252	\$ 24,728,081	\$ -

Common collective trusts held by the Plan invest principally in equity securities, fixed-income instruments and short-term investments. There are no unfunded commitments. Redemptions of the Mellon EB Daily Valued Global Alpha II Fund require 30 days notice. The SSgA funds require 15 days notice to redeem. The Blackrock fund requires 3 days notice to redeem. There are no notice requirements or redemption restrictions on the other common collective trusts. The investment strategy of each major class of common collective trust is as follows:

- (a) The treasury common collective trust invests primarily in short term bond funds with the objective of exceeding the performance of the Citigroup One-Month U.S. Treasury Bill Index.
- (b) Large cap common collective trusts invest primarily in stocks and bonds with a focus on current income and capital appreciation.

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

- (c) The bond common collective trust invests primarily in corporate debt, and focuses on income.

Investments in limited partnerships are principally in foreign securities. The underlying investments in the limited partnerships are valued using quotations from the primary market in which they are traded and are translated at each valuation date from the local currency into U.S. dollars using the prevailing exchange rates. There are no unfunded commitments. The limited partnerships are not subject to redemption restrictions except that any redemptions must be made on the first of each month. The investment strategy of each major class of limited partnership trust is as follows:

- (d) The international equity limited partnership seeks long-term capital appreciation by investing primarily in equity securities traded outside of the U.S. believed to be undervalued and thereby offering above average potential for capital appreciation.
- (e) The international bond limited partnership invests primarily in debt or debt-like securities that possess fundamental value.

The pooled separate account consists of the New York Life Insurance Company Anchor Account I. The separate account is invested in high-quality fixed-income securities. It seeks to maintain a return similar to a short-term bond fund with a risk profile similar to a money market fund and is designed for use as a stable value option. There are no unfunded commitments. The account is subject to a 12 month redemption notice period.

E. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and the management of investments held by the custodian are considered party-in-interest transactions.

F. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by letter dated July 6, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable provisions of the IRC.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements. The Plan did not recognize any interest and penalty expense for the year ended February 28, 2014. The Form 5500 remains subject to examination by the IRS for the years ended February 28, 2011 through February 28, 2014.

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

G. COMPLIANCE AND ERISA:

The plan administrator has elected the method of compliance permitted under 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. Accordingly, no auditing procedures with respect to the information certified by New York Life Trust Company ("New York Life") were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedules. New York Life has certified as to the completeness and accuracy the of the investments (including notes receivable from participants) held by the Plan as of February 28, 2014 and 2013, the plan investment earnings and other investment related transactions of the Plan for the year ended February 28, 2014, and the supplemental information contained in the Schedule of Assets (Held at Year End).

H. PLAN TERMINATION:

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

I. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for plan benefits on the financial statements to the Form 5500 as of February 28, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net assets available for plan benefits on the financial statements	\$ 96,148,296	\$ 83,891,468
Less: Adjustment from fair value to contract value for interest in investments relating to fully benefit-responsive investment contracts	<u>37,858</u>	<u>60,384</u>
Net assets available for plan benefits on the Form 5500	<u>\$ 96,186,154</u>	<u>\$ 83,951,852</u>

The following is a reconciliation of net investment income on the financial statements to the Form 5500 for the year ended February 28, 2014:

Net investment income on the financial statements	\$ 11,245,591
Adjustment from fair value to contract value for interest in investments relating to fully benefit-responsive investment contracts for the years ended:	
February 28, 2014	37,858
February 28, 2013	<u>(60,384)</u>
Net investment income on the Form 5500	<u>\$ 11,223,065</u>

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

J. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through December 3, 2014, the date these financial statements were available for issuance.

HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST
EIN: 04-2282465
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
February 28, 2014

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
<u>401(k) Investments (participant directed):</u>				
American Funds Growth Fund of America	Mutual fund	**	\$ 3,489,583	
Pimco Total Return Fund	"	**	1,541,704	
T Rowe Price Retirement Income Fund	"	**	157,475	
T Rowe Price Retirement 2010 Fund	"	**	515,566	
T Rowe Price Retirement 2015 Fund	"	**	885,851	
T Rowe Price Retirement 2020 Fund	"	**	3,031,868	
T Rowe Price Retirement 2025 Fund	"	**	3,820,690	
T Rowe Price Retirement 2030 Fund	"	**	3,484,005	
T Rowe Price Retirement 2035 Fund	"	**	2,470,047	
T Rowe Price Retirement 2040 Fund	"	**	1,577,530	
T Rowe Price Retirement 2045 Fund	"	**	1,827,783	
T Rowe Price Retirement 2050 Fund	"	**	2,394	
T Rowe Price Retirement 2055 Fund	"	**	63,848	
Allianz NFJ Small Cap Value Fund	"	**	1,938,988	
MainStay ICAP Select Equity I Fund	"	**	5,209,837	
Eagle Small Cap Growth Fund	"	**	1,417,190	
American Funds Europacific Growth Fund	"	**	1,768,293	
Vanguard Institutional Index Fund	"	**	<u>7,181,023</u>	
Total mutual funds		**	40,383,675	
* NYL Insurance Anchor Account I	Pooled separate account	**	<u>3,448,481</u>	
Total 401(k) Investments (participant directed)		**	43,832,156	
<u>Profit Sharing investments (non-participant directed):</u>				
SSgA S&P 500 Flagship Fund	Common collective trust	1,357,945	3,831,944	
SSgA Bond Market Index Fund	"	3,167,855	4,070,961	
Boston Trust & Investment Management Co Large Capital Growth Fund	"	2,268,538	2,268,538	
EB Daily Valued Global Alpha II Fund	"	<u>3,793,747</u>	<u>3,793,747</u>	
Total common collective trusts		10,588,085	13,965,190	
Pimco All Asset Fund	Mutual fund	3,984,291	4,860,075	
Aberdeen Emerging Markets Fund I	"	2,432,591	2,582,439	
IronBridge Frontegra SMID Inst Fund	"	1,747,203	2,463,864	
Vanguard Prime Money Market Fund	"	301,011	301,012	
MainStay ICAP Equity Fund I	"	2,506,673	3,730,848	
Touchstone Capital Institutional Growth Fund	"	1,316,912	1,701,182	
Loomis Sayles High Income Opportunities Fund	"	<u>1,690,755</u>	<u>2,406,372</u>	
Total mutual funds		13,979,436	18,045,792	
Mercator International Equity Fund	Limited partnership	2,196,636	4,690,503	
Colchester Global Bond Fund	"	<u>2,800,792</u>	<u>2,800,792</u>	
Total limited partnerships		4,997,428	7,491,295	
EB Temporary Investment Fund	Exchange traded fund	228,742	228,742	
iShares TIPS Bond	"	143,309	143,242	
iShares Barclays 7-10 Year Treasury Bond Fund	"	119,326	126,550	
iShares 1-3 Year Credit Bond	"	300,005	300,343	
iShares AAA - A Rated Corporate Bond Index	"	99,767	97,073	
PIMCO 0-5 Year High Yield Corporate Bond Index	"	345,735	353,953	
SPDR Barclays Short-Term Corporate Bond	"	247,168	248,421	
Vanguard Total Bond Market ETF	"	454,475	454,526	
WisdomTree Asia Local Debt	"	137,425	126,633	
EGShares Emerging Markets Consumer ETF	"	75,394	74,949	
iShares MSCI United Kingdom	"	146,497	165,913	
iShares MSCI Germany Index ETF	"	240,913	314,531	
iShares Russell 2000 ETF	"	121,248	162,178	
PowerShares QQQ Trust, Series 1	"	208,686	312,486	
Powershares S&P 500 Low Volatility	"	124,331	160,353	
SPDR- S&P 500 Trust	"	279,658	331,614	

HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST

EIN: 04-2282465

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

February 28, 2014

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Vanguard Dividend Appreciation	"	158,783	213,515	
Vanguard FTSE Developed Markets ETF	"	162,906	184,519	
Vanguard Global Ex-U.S. Real Estate	"	100,033	94,711	
Vanguard FTSE Emerging Markets ETF	"	79,603	67,509	
Vanguard Total Stock Market	"	163,072	220,708	
WisdomTree Japan Hedged Equity Fund	"	266,684	322,520	
Vanguard REIT Index	"	91,879	105,276	
iShares Comex Gold Trust	"	221,909	209,044	
Powershares DB Commodity Index	"	216,935	199,111	
Total exchange traded funds		<u>4,734,483</u>	<u>5,218,420</u>	
Total Profit Sharing Investments (non-participant directed)		<u>34,299,432</u>	<u>44,720,697</u>	
Total investments on statement of net assets available for plan benefits		**	88,552,853	
* Notes receivable from participants:				
401(k) (participant directed)	(4.25%-9.25%)	-	3,470,724	
Profit sharing (non-participant directed)	"	-	<u>1,162,577</u>	
Total notes receivable from participants		-	<u>4,633,301</u>	
Total investments on Form 5500			<u>\$ 93,186,154</u>	

* Denotes a party-in-interest to the Plan.

** Cost omitted for participant directed investments

HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST
EIN: 04-2282465
Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended February 28, 2014

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SERIES OF TRANSACTIONS:</u>						
Vanguard Prime Money Market Fund	Mutual fund	\$ 4,497,818	\$ -	\$ 4,497,818	\$ 4,497,818	\$ -
Vanguard Prime Money Market Fund	"	-	4,812,667	4,812,667	4,812,667	-

* Denotes a party-in-interest to the Plan.



HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST
 EIN: 04-2282465
 Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
 for the year ended February 28, 2014

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SERIES OF TRANSACTIONS:</u>						
Vanguard Prime Money Market Fund	Mutual fund	\$ 4,497,818	\$ -	\$ 4,497,818	\$ 4,497,818	\$ -
Vanguard Prime Money Market Fund	"	-	4,812,667	4,812,667	4,812,667	-

* Denotes a party-in-interest to the Plan.

HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST

EIN: 04-2282465

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

February 28, 2014

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
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Vanguard FTSE Developed Markets ETF	"	162,906	184,519	
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Total investments on Form 5500			<u>\$ 93,186,154</u>	

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** Cost omitted for participant directed investments

HARVEY INDUSTRIES, INC. PROFIT SHARING AND 401(k) PLAN AND TRUST
EIN: 04-2282465
Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended February 28, 2014

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SERIES OF TRANSACTIONS:</u>						
Vanguard Prime Money Market Fund	Mutual fund	\$ 4,497,818	\$ -	\$ 4,497,818	\$ 4,497,818	\$ -
Vanguard Prime Money Market Fund	"	-	4,812,667	4,812,667	4,812,667	-

* Denotes a party-in-interest to the Plan.