Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1996

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

6701 COCHRAN ROAD
SOLON, OH 44139

2b Employer Identification Number (EIN)
34-0859271

2c Plan Sponsor's telephone number
440-248-1880

2d Business code (see instructions)
332900

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.	09/25/2015	DAVID M. CARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	178
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	160
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	163
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

Part III	**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
34-0859271

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	937936-01	47	01/01/2014	12/31/2014

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
1888	0

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

JHW FINANCIAL SVCS FINANCIAL TELESI
28601 CHAGRIN BLVD #550
CLEVELAND, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1240			3

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

INDEPENDENT FINANCIAL GROUP LLC
28601 CHAGRIN BLVD #550
CLEVELAND, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
648			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	534548
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	509461
c	Additions: (1) Contributions deposited during the year	7c(1)	35951		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6976		
	(4) Transferred from separate account	7c(4)	55809		
	(5) Other (specify below)	7c(5)	2415		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	101151
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	610612
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9354		
	(2) Administration charge made by carrier	7e(2)	402		
	(3) Transferred to separate account	7e(3)	66308		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	76064
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	534548

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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
34-0859271

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT-WESTLIFE & ANNUITY 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
84-0467907	68322	937936-01	1	01/01/2014	12/31/2014

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	1
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
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
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
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
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan	**B** Three-digit plan number (PN) ▶
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN	003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BRENNAN INDUSTRIES, INC.	34-0859271

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JHW FINANCIAL SVCS FINANCIAL TELESI

4340 REDWOOD HWY STE A-23
SAN RAFAEL, CA 94903

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	10382	Yes [ ] No [X]

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

PENSION ADVISORS

28601 CHAGRIN BLVD #550
CLEVELAND, OH 44122

(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	INVESTMENT ADVISOR	9127	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INDEPENDENT FINANCIAL GROUP LLC

12636 HIGH BLUFF DR STE 100
SAN DIEGO, CA 92130

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	5424	Yes [ ] No [X]

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

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

INDEPENDENT FINANCIAL GROUP INC

7425 MISSION VALLEY RD STE 203
SAN DIEGO, CA 92108

(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	INVESTMENT ADVISOR	3090	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	-1180	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
INDEPENDENT FINANCIAL GROUP LLC	55	5424

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JHW FINANCIAL SVCS FINANCIAL TELESI	55	10382

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
34-0859271

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

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)
84-0467907-003	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
34-0859271

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)	62093	75642
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	117065	135256
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	3957917	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	4474639
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	509461	534548
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4646536	5220085
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	17658	19023
k Total liabilities (add all amounts in lines 1g through1j)	1k	17658	19023
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4628878	5201062

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)	75642	
(B) Participants	2a(1)(B)	333799	
(C) Others (including rollovers)	2a(1)(C)	36508	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		445949
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5618	
(F) Other	2b(1)(F)	6968	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12586
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	271694	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		271694
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		19313
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		749542
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	166774	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		166774
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	10584	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10584
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		177358
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		572184
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SKODA MINOTTI **(2)** EIN: 34-1945206

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
34-0859271

Part I Distributions

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

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

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BRENNAN INDUSTRIES, INC.
401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2014 AND 2013

SKODA MINOTTI
CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN

YEARS ENDED DECEMBER 31, 2014 AND 2013

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SKODA MINOTTI & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Delivering on the Promise.

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR
BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN

We have audited the financial statements of the Brennan Industries, Inc. 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 3, which was certified by Great West Life & Annuity Insurance Company and Great West Trust Company LLC, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013 and for the years then ended, that the information provided to the Plan administrator by the custodians 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 supplementary schedules of assets (held at end of year) as of December 31, 2014 and reportable transactions for the year ended December 31, 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 the supplementary 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 schedules, other than that derived from the information certified by the custodians, 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.

SKODA MINOTTI

Cleveland, Ohio
September 9, 2015

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
INVESTMENTS, AT FAIR VALUE		
Registered investment companies	$ 4,474,639	$ -
Pooled separate accounts	-	3,957,917
INVESTMENT, AT CONTRACT VALUE		
Guaranteed portfolio fund	534,548	509,461
	5,009,187	4,467,378
RECEIVABLES		
Employer's contribution receivable	75,642	62,093
Notes receivable from participants	135,256	117,065
	210,898	179,158
EXCESS CONTRIBUTIONS PAYABLE	(19,023)	(17,658)
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,201,062	$ 4,628,878

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

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	$ 19,313	$ 613,611
Interest and dividends	278,662	6,547
	297,975	620,158
Contributions		
Company's	75,642	62,093
Participants'	333,799	285,828
Rollovers	36,508	70,814
	445,949	418,735
Other income	5,618	6,370
Total additions	749,542	1,045,263
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	166,774	49,041
Administrative expenses	10,584	14,990
Total deductions	177,358	64,031
NET INCREASE	572,184	981,232
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	4,628,878	3,647,646
END OF YEAR	$ 5,201,062	$ 4,628,878

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

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the Brennan Industries, Inc. 401(k) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan covering all eligible employees of Brennan Industries, Inc. and Brennan Industries Cleveland Manufacturing Group (collectively, the Company). Each employee of the Company becomes a participant in the Plan on the first entry date following the date the employee attains the age of 21 and six months of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year eligible participants may elect to contribute up to 100% of their compensation to the Plan on a pre-tax basis or after-tax basis, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a matching contribution for those participants that are employed at year end, have been employed for six months, and earned a minimum of 1,000 hours of service during the Plan year. The matching contribution is a discretionary percentage determined by the Company on an annual basis. Company matching contributions were $75,642 and $62,093 for the years ended December 31, 2014 and 2013, respectively. The Company may also make additional discretionary profit sharing contributions to participants' accounts. No additional discretionary profit sharing contributions were made for the years ended December 31, 2014 and 2013. Total annual contributions made to the Plan on behalf of any participant are subject to limitations imposed under the Internal Revenue Code (IRC).

Participant Accounts

Each participant's account is credited with the participant's elective deferral, the Company's matching contributions and an allocation of discretionary profit sharing contributions, and Plan earnings thereon, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (continued)

Forfeitures

Forfeitures are created when participants terminate employment prior to becoming entitled to full benefits. At December 31, 2014 and 2013, forfeited, nonvested accounts totaled $801 and $3,563, respectively. Forfeitures are used to reduce Company matching or discretionary profit sharing contributions. In 2014 and 2013, the Company used $3,529 and $917, respectively, of forfeitures to offset the Company's matching contributions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service according to the following schedule:

Years of service	Vested percentage
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%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's total vested account balance. Loan terms are not to exceed five years unless borrowed for the purchase of a primary residence. The loans are secured by the balance in the participant's vested account and bear interest at a rate commensurate with prevailing interest rates. Principal and interest are paid ratably through payroll deductions. Interest income of $5,618 and $6,370 for 2014 and 2013, respectively, has been recorded as other income in the accompanying Statements of Changes in Net Assets Available for Benefits.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, or due to separation of service from the Company, a participant is entitled to receive a distribution of his or her vested account balance in the form of a lump-sum payment. A participant may also receive an in-service distribution if he or she experiences undue financial hardship or upon attainment of age requirements, as defined by the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses are paid by the Company. All other administrative expenses are paid by the Plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments purchased and sold, as well as held, during the year.

Subsequent Events

The Company evaluated subsequent events through September 9, 2015, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. INVESTMENTS

The Plan's investments at December 31, 2014 and 2013 were held by Great West Life & Annuity Insurance Company and Great West Trust Company, LLC, the custodians. The investments and investment activity have been certified as complete and accurate by Great West Life & Annuity Insurance Company and Great West Trust Company, LLC and have not been audited by the independent auditors. Individual investments that represent 5% or more of the Plan's net assets are separately identified.

	2014	2013
Registered investment companies		
Alger Capital Appreciation Institutional Fund	$ 538,048	$ -
Artisan International Value Investor Fund	337,691	-
Baron Growth Fund	403,494	-
Great West Loomis Sayles Bond Fund	280,279	-
Great West S&P 500 Index Fund	743,374	-
Great West S&P Small-Cap 600 Index Fund	355,887	-
Oakmark Equity & Income II Fund	518,343	-
Oakmark Global II Fund	344,307	-
Ridgeworth Large-Cap Value Equity Fund	281,253	-
Other registered investment companies	671,963	-
	4,474,639	-
Pooled separate accounts		
Great West Alger Capital Appreciation Institutional Fund	-	371,577
Great West American Funds Capital World Fund	-	273,672
Great West Artisan International Value Fund	-	249,052
Great West Ridgeworth Large-Cap Value Equity Fund	-	254,201
Great West S&P 500 Index Fund	-	609,616
Great West T. Rowe Price Mid-Cap Growth Fund	-	524,299
Other pooled separate accounts	-	1,675,500
	-	3,957,917
Guaranteed portfolio fund*	534,548	509,461
	$ 5,009,187	$ 4,467,378

*This amount represents contract value for this investment, which approximates fair value.

During 2014 and 2013, the Plan's investments (including gains and losses on investments purchased and sold, as well as held, during the year) appreciated in value by $19,313 and $613,611, respectively.

4. FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. It applies to fair value measurements already required or permitted by existing standards. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

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

Level 2 Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 includes those inputs other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Registered investment companies - Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled separate accounts - The fair value of the mutual funds included in the underlying assets are used to determine the net asset value of the account.

Guaranteed portfolio fund - Valued at contract value, which approximates fair value.

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.

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Level 1	Level 2	Total
Registered investment companies			
Balanced funds	$ 862,808	$ -	$ 862,808
Bond funds	686,165	-	686,165
International funds	387,182	-	387,182
Domestic stock funds			
Small-cap stock funds	759,381	-	759,381
Mid-cap stock funds	177,314	-	177,314
Large-cap stock funds	1,579,622	-	1,579,622
Sector funds	22,167	-	22,167
Guaranteed portfolio fund*	-	534,548	534,548
Total assets at fair value	$ 4,474,639	$ 534,548	$ 5,009,187

*This amount represents contract value for this investment, which approximates fair value.

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

	Level 2	Total
Pooled separate accounts		
Balanced funds	$ 225,687	$ 225,687
Bond funds	605,881	605,881
International funds	675,969	675,969
Domestic stock funds		
Small-cap stock funds	207,408	207,408
Mid-cap stock funds	691,701	691,701
Large-cap stock funds	1,433,202	1,433,202
Sector funds	118,069	118,069
Guaranteed portfolio fund*	509,461	509,461
Total assets at fair value	$ 4,467,378	$ 4,467,378

*This amount represents contract value for this investment, which approximates fair value.

5. GUARANTEED PORTFOLIO FUND

The Plan invests in a guaranteed portfolio fund through Great West Life & Annuity Insurance Company. This investment is valued at contract value based on a discounted cash flow valuation methodology where the interest rate is reset at least annually. The investment contract prevents the immediate and full payout of the contract value for plan-initiated transactions; therefore the investment is not benefit responsive.

6. TAX STATUS

The Company adopted a Prototype Non-Standardized Volume Submitter Profit Sharing Plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2011.

7. PLAN TERMINATION

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

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies, pooled separate accounts and a guaranteed portfolio fund managed by Great West Life & Annuity Insurance Company and Great West Trust Company, LLC. Great West Life & Annuity Insurance Company and Great West Trust Company, LLC are the custodians, and therefore, these transactions are considered party-in-interest transactions.

9. EXCESS CONTRIBUTIONS PAYABLE

In order to pass the 2014 and 2013 Actual Deferral Percentage (ADP) Test, the Plan administrator elected to refund excess elective deferrals and earnings thereon to highly-compensated employees. For the Plan year ended December 31, 2014, participants' contributions were reduced by $18,079 and net appreciation was decreased by $944. For the Plan year ended December 31, 2013, participants' contributions were reduced by $15,358 and net appreciation was decreased by $2,300. The reductions represent amounts payable to active participants to return to them excess deferrals, as required to satisfy the relevant nondiscrimination provisions of the Plan for the years ended December 31, 2014 and 2013. These amounts have been included as excess contributions payable in the accompanying Statements of Net Assets Available for Benefits.

10. RISKS AND UNCERTAINTIES

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

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN
PLAN NUMBER: 003
EIN: 34-0859271

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2014

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
		Registered investment companies		
		Alger Capital Appreciation Institutional Fund	20,053 shares	$ 538,048
		Artisan International Value Investor Fund	9,871 shares	337,691
		Baron Growth Fund	5,583 shares	403,494
		Franklin High Income Fund	67,796 shares	136,270
	*	Great West Loomis Sayles Bond Fund	21,233 shares	280,279
	*	Great West S&P 500 Index Fund	41,229 shares	743,374
	*	Great West S&P Small-Cap 600 Index Fund	28,133 shares	355,887
	*	Great West Secure Foundation Balanced Fund	12 shares	158
		Lazard Emerging Markets Fund	2,804 shares	49,491
		MFS Utilities Fund	327 shares	7,056
		Oakmark Equity & Income II Fund	16,330 shares	518,343
		Oakmark Global II Fund	12,102 shares	344,307
		Oppenheimer International Bond Fund	2,778 shares	16,451
		PIMCO Real Return Admin. Fund	2,529 shares	27,619
		PIMCO Total Return Admin. Fund	11,113 shares	118,473
		Ridgeworth Large-Cap Value Equity Fund	16,622 shares	281,253
		Ridgeworth Mid-Cap Value Fund	12,952 shares	177,314
		Sentinel Common Stock Fund	399 shares	16,947
		Thompson Bond Fund	9,392 shares	107,073
		Virtus Real Estate Securities Fund	376 shares	15,111
	*	***Guaranteed portfolio fund***		534,548
	*	***Notes receivable from participants***	Interest rates ranging from 4.25% to 6.00%, with various maturities through December 2032	135,256
				$ 5,144,443

* Party-in-interest

See the Independent Auditors' Report.

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN
PLAN NUMBER: 003
EIN: 34-0859271

SCHEDULE H, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price
Category (i) Single transaction in excess of 5% of the beginning Plan assets:		
Great West Life & Annuity Insurance Company	Great West Alger Capital Appreciation Institutional Fund 1 sale	$ -
Great West Life & Annuity Insurance Company	Great West American Funds Capital World Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West Artisan International Value Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West Baron Growth Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West Oakmark Equity & Income II Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West Oakmark Global II Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West Ridgeworth Large-Cap Value Equity Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West S&P Small Cap 600 Index Fund 1 sale	-
Great West Life & Annuity Insurance Company	Great West T Rowe Price Mid-Cap Growth Fund 1 sale	-
Great West Life & Annuity Insurance Company	Alger Capital Appreciation Institutional Fund 1 purchase	498,914
Great West Life & Annuity Insurance Company	Artisan International Value Investor Fund 1 purchase	335,051
Great West Life & Annuity Insurance Company	Baron Growth Fund 1 purchase	363,114

(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
$ 498,914	N/A	N/A	$ 379,960	$ 498,914	$ 118,954
263,032	N/A	N/A	202,131	263,032	60,901
335,051	N/A	N/A	279,321	335,051	55,730
363,114	N/A	N/A	361,163	363,114	1,951
410,297	N/A	N/A	356,920	410,297	53,377
354,549	N/A	N/A	349,646	354,549	4,903
285,817	N/A	N/A	266,382	285,817	19,435
329,931	N/A	N/A	329,659	329,931	272
532,832	N/A	N/A	424,361	532,832	108,471
-	N/A	N/A	498,914	498,914	-
-	N/A	N/A	335,051	335,051	-
-	N/A	N/A	363,114	363,114	-

See the Independent Auditors' Report.

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN
PLAN NUMBER: 003
EIN: 34-0859271

SCHEDULE H, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price
Category (i) Single transaction in excess of 5% of the beginning Plan assets:		
Great West Life & Annuity Insurance Company	Baron Growth Fund 1 purchase	$ 532,832
Great West Life & Annuity Insurance Company	Great West Oakmark Global II Fund 1 purchase	263,032
Great West Life & Annuity Insurance Company	Great West S&P Small-Cap 600 Index Fund I 1 purchase	329,931
Great West Life & Annuity Insurance Company	Oakmark Equity & Income II Fund 1 purchase	410,297
Great West Life & Annuity Insurance Company	Oakmark Global II Fund 1 purchase	354,549
Great West Life & Annuity Insurance Company	Ridgeworth Large-Cap Value Equity Fund 1 purchase	285,817
Category (iii) Series transactions in excess of 5% of the beginning Plan assets:		
Great West Life & Annuity Insurance Company	Great West Alger Capital Appreciation Institutional Fund 1,878 sales	-
Great West Life & Annuity Insurance Company	Great West American Funds Capital World Fund 795 sales	-
Great West Life & Annuity Insurance Company	Great West Artisan International Value Fund 1,289 sales	-
Great West Life & Annuity Insurance Company	Great West Baron Growth Fund 1,510 sales	-
Great West Life & Annuity Insurance Company	Great West Loomis Sayles Bond Fund 1,127 sales	-

(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
$ -	N/A	N/A	$ 532,832	$ 532,832	$ -
-	N/A	N/A	263,032	263,032	-
-	N/A	N/A	329,931	329,931	-
-	N/A	N/A	410,297	410,297	-
-	N/A	N/A	354,549	354,549	-
-	N/A	N/A	285,817	285,817	-
538,344	N/A	N/A	406,500	538,344	131,844
277,238	N/A	N/A	213,214	277,238	64,024
365,614	N/A	N/A	304,189	365,614	61,425
638,091	N/A	N/A	632,897	638,091	5,194
305,270	N/A	N/A	274,345	305,270	30,925

See the Independent Auditors' Report.

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN
PLAN NUMBER: 003
EIN: 34-0859271

SCHEDULE H, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price
Category (iii) Series transactions in excess of 5% of the beginning Plan assets:		
Great West Life & Annuity Insurance Company	Great West Loomis Sayles Bond Fund 1,127 sales	$ -
Great West Life & Annuity Insurance Company	Great West Oakmark Equity & Income II Fund 891 sales	-
Great West Life & Annuity Insurance Company	Great West Oakmark Global II Fund 789 sales	-
Great West Life & Annuity Insurance Company	Great West Ridgeworth Large-Cap Value Equity Fund 1,522 sales	-
Great West Life & Annuity Insurance Company	Great West S&P 500 Index Fund 2,316 sales	-
Great West Life & Annuity Insurance Company	Great West S&P Small-Cap 600 Index Fund 532 sales	-
Great West Life & Annuity Insurance Company	Great West T Rowe Price Mid-Cap Growth Fund 685 sales	-
Great West Life & Annuity Insurance Company	Great West Thompson Bond Fund 1,193 sales	-
Great West Life & Annuity Insurance Company	Artisan International Value Investor Fund 1,314 purchases	371,661
Great West Life & Annuity Insurance Company	Alger Capital Appreciation Institutional Fund 1,376 purchases	573,978
Great West Life & Annuity Insurance Company	Baron Growth Fund 1,241 purchases	403,250
Great West Life & Annuity Insurance Company	Great West Baron Growth Fund 1,842 purchases	581,117

(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
$ 305,270	N/A	N/A	$ 274,345	$ 305,270	$ 30,925
485,562	N/A	N/A	419,867	485,562	65,695
371,435	N/A	N/A	366,028	371,435	5,407
496,055	N/A	N/A	431,780	496,055	64,275
706,565	N/A	N/A	601,590	706,565	104,975
336,159	N/A	N/A	335,811	336,159	348
545,423	N/A	N/A	431,945	545,423	113,478
236,167	N/A	N/A	229,635	236,167	6,532
-	N/A	N/A	371,661	371,661	-
-	N/A	N/A	573,978	573,978	-
-	N/A	N/A	403,250	403,250	-
-	N/A	N/A	581,117	581,117	-

See the Independent Auditors' Report.

BRENNAN INDUSTRIES, INC. 401(k) RETIREMENT PLAN
PLAN NUMBER: 003
EIN: 34-0859271

SCHEDULE H, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price
Category (iii) Series transactions in excess of 5% of the beginning Plan assets:		
Great West Life & Annuity Insurance Company	Great West Loomis Sayles Bond Fund 3,251 purchases	$ 507,778
Great West Life & Annuity Insurance Company	Great West Oakmark Equity & Income II Fund 1,737 purchases	246,479
Great West Life & Annuity Insurance Company	Great West Oakmark Global II Fund 2,071 purchases	366,028
Great West Life & Annuity Insurance Company	Great West S&P 500 Index Fund 3,280 purchases	774,787
Great West Life & Annuity Insurance Company	Great West S&P Small-Cap 600 Index Fund 1,535 purchases	372,667
Great West Life & Annuity Insurance Company	Great West S&P Small-Cap 600 Index Fund 1,980 purchases	335,811
Great West Life & Annuity Insurance Company	Oakmark Equity & Income II Fund 1,566 purchases	557,696
Great West Life & Annuity Insurance Company	Oakmark Global II Fund 1,404 purchases	386,063
Great West Life & Annuity Insurance Company	Ridgeworth Large-Cap Value Equity Fund 639 purchases	323,098

Note: There were no category (ii) or (iv) transactions

(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
$ -	N/A	N/A	$ 507,778	$ 507,778	$ -
-	N/A	N/A	246,479	246,479	-
-	N/A	N/A	366,028	366,028	-
-	N/A	N/A	774,787	774,787	-
-	N/A	N/A	372,667	372,667	-
-	N/A	N/A	335,811	335,811	-
-	N/A	N/A	557,696	557,696	-
-	N/A	N/A	386,063	386,063	-
-	N/A	N/A	323,098	323,098	-

See the Independent Auditors' Report.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Brennan Industries, Inc. 401(k) Retirement Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3PORT	758.78	0.000000	38	(3,528.88)	0.000000	1	(3,528.88)	SERIES
1MXSBL1	736.14	56.649123	40	(580.77)	(44.366552)	20	(576.15)	SERIES
1SFBLG1	430.74	29.438143	39	(804.91)	(53.988902)	29	(765.20)	SERIES
197AFCW	3,280.80	123.411434	232	(277,237.64)	(10,206.221970)	795	(213,214.16)	SERIES
1ARTKX	371,660.84	9,974.043505	1314	(3,673.69)	(102.929223)	214	(3,851.37)	SERIES
1220IV	109,655.59	7,244.046034	1962	(365,613.72)	(23,553.582278)	1289	(304,188.95)	SERIES
1280MIW	213.71	13.612642	12	(3,578.25)	(225.530532)	26	(3,512.29)	SERIES
1192LZ	35,334.01	2,484.537516	817	(180,417.71)	(12,425.535484)	1149	(172,170.38)	SERIES
1LZOEX	58,484.39	2,844.129953	355	(738.63)	(40.104192)	38	(829.00)	SERIES
1OARGX	386,063.02	13,015.876525	1404	(27,763.38)	(913.695039)	252	(27,168.76)	SERIES
1451OH	366,028.01	25,338.367670	2071	(371,435.44)	(25,338.367670)	789	(366,028.03)	SERIES
1MMUFX	7,711.37	334.111167	193	(147.17)	(6.246420)	13	(143.02)	SERIES
1XUTMUT	2,706.27	78.326355	40	(3,220.92)	(89.599940)	196	(3,061.18)	SERIES
1PHRAX	14,417.73	376.794908	181	(28.57)	(0.717272)	20	(27.93)	SERIES
1203PS	6,875.36	595.549039	462	(136,704.24)	(11,728.659939)	1401	(123,687.33)	SERIES
187BG	581,117.01	25,236.799210	1842	(638,090.66)	(27,838.765588)	1510	(632,896.54)	SERIES
1222CC	487.55	35.106560	18	(33,492.63)	(2,396.268286)	61	(30,704.86)	SERIES
1MXIN6	372,666.68	29,143.797690	1535	(13,320.87)	(1,010.451688)	228	(12,905.47)	SERIES
193MX6	335,811.07	11,202.935647	1980	(336,159.21)	(11,202.935647)	532	(335,811.05)	SERIES
1108LV	1,141.78	43.943737	36	(48,297.32)	(1,854.592578)	126	(42,324.15)	SERIES
173RMC	801.32	31.179340	54	(64,597.12)	(2,496.487006)	234	(47,436.62)	SERIES
1BGRFX	403,250.43	5,683.855055	1241	(7,268.25)	(100.713602)	240	(7,134.03)	SERIES
1MGRXTM	5,198.49	130.832046	196	(545,422.80)	(13,251.271423)	685	(431,944.53)	SERIES
1SMVTX	203,504.84	14,180.543398	440	(18,415.60)	(1,228.476511)	89	(17,725.45)	SERIES
1297RI	17,478.07	1,232.687043	344	(194,556.46)	(13,287.545855)	458	(149,307.37)	SERIES
1205AP	140,772.43	7,958.634065	1896	(538,343.64)	(29,354.526566)	1878	(406,499.88)	SERIES
1ALARX	573,977.79	20,449.080149	1376	(11,775.27)	(395.098242)	270	(11,141.68)	SERIES
194MX5	774,786.74	44,264.970104	3280	(706,564.71)	(33,016.316953)	2316	(601,589.78)	SERIES
180TEIX	2,110.63	103.823808	54	(190,255.03)	(9,221.558922)	279	(136,738.73)	SERIES
1281RLC	229,368.89	11,472.250526	950	(496,054.59)	(24,099.918049)	1522	(431,780.37)	SERIES
1STVTX	323,097.59	18,450.035617	639	(33,780.49)	(1,827.516643)	112	(32,168.38)	SERIES
1SENCX	18,392.50	420.326088	127	(969.42)	(21.201035)	14	(939.84)	SERIES
1286SST	2,908.68	149.490036	106	(10,709.18)	(535.880750)	99	(8,381.20)	SERIES
1OARBX	557,695.58	16,601.257523	1566	(9,158.62)	(270.361671)	266	(8,966.08)	SERIES
1178OE	246,478.56	14,700.490334	1737	(485,561.93)	(28,159.444029)	891	(419,867.44)	SERIES
1FHIRX	146,146.70	68,116.895252	1302	(666.73)	(320.812917)	195	(686.77)	SERIES
1173FH	13,789.74	783.438994	1673	(142,019.99)	(7,977.008339)	1082	(122,793.29)	SERIES
1BMSXLC	507,778.07	27,242.072346	3251	(305,269.91)	(8,673.276084)	1127	(274,344.91)	SERIES
1OIBAX	16,893.60	2,780.055108	268	(7.12)	(1.182701)	14	(7.21)	SERIES
1142OB	8,954.97	593.875352	651	(60,856.16)	(4,028.836028)	1050	(59,629.66)	SERIES
1130PM	83.66	5.663631	3	(2,059.85)	(138.774349)	32	(1,936.92)	SERIES
1183RR	2,467.53	169.499650	36	(28,132.79)	(1,878.510683)	30	(27,148.26)	SERIES
1PARRX	29,460.53	2,534.120415	64	(56.00)	(4.905250)	13	(56.27)	SERIES
1BIMPTR	63,809.48	3,283.346204	875	(190,868.00)	(9,801.129445)	1291	(175,097.77)	SERIES
1PTRAX	122,441.72	11,180.093708	559	(720.85)	(66.270440)	45	(726.30)	SERIES
1190TP	40,190.62	2,475.361336	1704	(236,167.28)	(14,496.225687)	1193	(229,634.76)	SERIES
1THOPX	111,739.60	9,425.368904	867	(386.34)	(32.957875)	144	(391.01)	SERIES
1PORT	93,416.49	0.000000	1930	(72,535.36)	0.000000	236	(72,535.36)	SERIES
5% TRANSACTIONS								
197AFCW	0.00	0.000000	0	(263,032.33)	(9,673.543993)	120	(202,130.89)	14-FEB-14

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Brennan Industries, Inc. 401(k) Retirement Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1451OH	263,032.33	18,214.004033	120	0.00	0.000000	0	0.00	14-FEB-14
187BG	532,832.16	23,129.361290	103	0.00	0.000000	0	0.00	14-FEB-14
1MGRXTM	0.00	0.000000	0	(532,832.16)	(12,940.322243)	103	(424,361.46)	14-FEB-14
1178OE	229,695.64	13,716.303946	566	0.00	0.000000	0	0.00	13-MAR-14
1ARTKX	335,051.08	8,927.553424	112	0.00	0.000000	0	0.00	11-AUG-14
1220IV	0.00	0.000000	0	(335,051.08)	(21,542.977749)	112	(279,321.34)	11-AUG-14
1OARGX	354,549.48	11,921.636856	129	0.00	0.000000	0	0.00	11-AUG-14
1451OH	0.00	0.000000	0	(354,549.48)	(24,204.485481)	129	(349,645.88)	11-AUG-14
187BG	0.00	0.000000	0	(363,113.69)	(16,000.884199)	134	(361,162.80)	11-AUG-14
1MXIN6	329,931.32	25,816.222226	126	0.00	0.000000	0	0.00	11-AUG-14
193MX6	0.00	0.000000	0	(329,931.32)	(10,998.853492)	126	(329,658.99)	11-AUG-14
1BGRFX	363,113.69	5,127.276052	134	0.00	0.000000	0	0.00	11-AUG-14
1205AP	0.00	0.000000	0	(498,913.58)	(27,145.351648)	142	(376,959.85)	11-AUG-14
1ALARX	498,913.58	17,698.246897	142	0.00	0.000000	0	0.00	11-AUG-14
1281RLC	0.00	0.000000	0	(285,817.13)	(13,541.423572)	109	(266,381.92)	11-AUG-14
1STVTX	285,817.13	16,239.609661	109	0.00	0.000000	0	0.00	11-AUG-14
1OARBX	410,296.98	12,218.492561	133	0.00	0.000000	0	0.00	11-AUG-14
1178OE	0.00	0.000000	0	(410,296.98)	(23,761.890902)	133	(356,919.75)	11-AUG-14

LEGEND

INVESTMENT OPTION:

3PORT	Guaranteed Portfolio Fund
1SFBLG1	Great-West SecureFoundation Balanced G1
1ARTKX	Artisan International Value Investor
1280MIW	Great-West MFS Intl Growth Fund I
1LZOEX	Lazard Emerging Markets Open
1451OH	Oakmark Global II
1XUTMUT	MFS Utilities A
1203PS	Virtus Real Estate Securities A
1222CC	Columbia Small Cap Value I Fund A
193MX6	Great-West S&P SmallCap 600 Index Fund I
173RMC	Royce-Micro Cap Inv
1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1297RI	RidgeWorth Mid-Cap Value Equity I
1ALARX	Alger Capital Appreciation Instl I
180TEIX	Great-West T. Rowe Price Eq Inc Fund I
1STVTX	RidgeWorth Large Cap Value Equity I
1286SST	Sentinel Common Stock A
1178OE	Oakmark Equity & Income II
1173FH	Franklin High Income R
1OIBAX	Oppenheimer International Bond Fund A
1130PM	PIMCO Mortgage-Backed Securities Adm
1PARRX	PIMCO Real Return Admin
1PTRAX	PIMCO Total Return Admin
1THOPX	Thompson Bond Fund
1MXSBL1	Great-West SecureFoundation Balanced G1
197AFCW	American Funds Capital World G/I R3
1220IV	Artisan International Value
1192LZ	Lazard Emerging Markets Open
1OARGX	Oakmark Global II
1MMUFX	MFS Utilities A
1PHRAX	Virtus Real Estate Securities A
187BG	Baron Growth
1MXIN6	Great-West S&P SmallCap 600 Index Fund I
1108LV	Lord Abbett Small Cap Value A
1BGRFX	Baron Growth Fund
1SMVTX	RidgeWorth Mid-Cap Value Equity I
1205AP	Alger Capital Appreciation Inst'l I
194MX5	Great-West S&P 500 Index Fund I
1281RLC	Ridgeworth Large Cap Value Equity I
1SENCX	Sentinel Common Stock A
1OARBX	Oakmark Equity & Income II
1FHIRX	Franklin High Income R
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1142OB	Oppenheimer International Bond A
1183RR	PIMCO Real Return Admin
1BIMPTR	PIMCO Total Return Admin
1190TP	Thompson Bond Fund
1PORT	Guaranteed Portfolio Fund

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Brennan Industries, Inc. 401(k) Retirement Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXSBL1			160.00	157.95
1ARTKX			367,809.37	337,690.80
1LZOEX			57,655.31	49,491.07
1OARGX			358,894.22	344,307.05
1MMUFX			7,568.23	7,055.67
1PHRAX			14,389.63	15,110.75
1MXIN6			359,761.17	355,886.82
1BGRFX			396,116.36	403,493.64
1SMVTX			185,779.35	177,313.78
1ALARX			562,836.12	538,048.34
194MX5			712,617.74	743,374.07
1STVTX			290,929.18	281,253.05
1SENCX			17,452.66	16,946.84
1OARBX			548,729.53	518,342.69
1FHIRX			145,459.88	136,270.14
1BMSXLC			301,305.91	280,278.95
1OIBAX			16,886.39	16,450.95
1PARRX			29,404.26	27,619.03
1PTRAX			121,715.39	118,473.37
1THOPX			111,348.62	107,073.50
1PORT		1.200	487,940.74	533,746.78
			5,094,760.06	**5,008,385.24**
PARTICIPANT LOANS	VARIOUS	4.250-6.000	135,264.94	135,256.15
FORFEITURES			583.58	801.12

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-0859271

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Brennan Industries, Inc. 401(k) Retirement Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MXSBL1	Great-West SecureFoundation Balanced G1
1LZOEX	Lazard Emerging Markets Open
1MMUFX	MFS Utilities A
1MXIN6	Great-West S&P SmallCap 600 Index Fund I
1SMVTX	RidgeWorth Mid-Cap Value Equity I
194MX5	Great-West S&P 500 Index Fund I
1SENCX	Sentinel Common Stock A
1FHIRX	Franklin High Income R
1OIBAX	Oppenheimer International Bond Fund A
1PTRAX	PIMCO Total Return Admin
1PORT	Guaranteed Portfolio Fund
1ARTKX	Artisan International Value Investor
1OARGX	Oakmark Global II
1PHRAX	Virtus Real Estate Securities A
1BGRFX	Baron Growth Fund
1ALARX	Alger Capital Appreciation Instl I
1STVTX	RidgeWorth Large Cap Value Equity I
1OARBX	Oakmark Equity & Income II
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1PARRX	PIMCO Real Return Admin
1THOPX	Thompson Bond Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year