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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1976

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

1052 EAST MEADOW CIRCLE
PALO ALTO, CA 94303

2b Employer Identification Number (EIN)
94-2247016

2c Plan Sponsor's telephone number
650-493-0814

2d Business code (see instructions)
333610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2015	KAREN WARREN
	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**	195
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)**	168
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	154
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	186
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	186
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	177
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2J 2F 3D 2G 2K 2T

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

9a Plan funding arrangement (check all that apply)		**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] 1 **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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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

TRANSAMERICA LIFE INS CO

(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
39-0989781	86231	997276	177	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
34590	

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

JOHN KETTMANN
MERRILL LYNCH LIFE AGENCY INC
4804 DEER LAKE DR E
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34590			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	

(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	12445903

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 ▶ STABLE VALUE

b	Balance at the end of the previous year			7b	2303839
c	Additions: (1) Contributions deposited during the year	7c(1)	201876		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	28198		
	(4) Transferred from separate account	7c(4)	108594		
	(5) Other (specify below)	7c(5)	32863		
	▶ FORF CREDIT, LOAN INT, LOAN PRINC.				
	(6)Total additions			7c(6)	371531
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2675370
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	547589		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	138059		
	(4) Other (specify below)	7e(4)	390		
	▶ FORF. AMOUNT, FEES				
	(5) Total deductions			7e(5)	686038
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1989332

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)**	
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)**	
(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)**	
(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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	1000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERRILL LYNCH LIFE AGENCY, INC.

13-2808480

(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?
22 23 53	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	319	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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: AEGON BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-119	P	201974

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-150	P	258028

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION RET

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-199	P	690738

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-216	P	595271

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALU

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-427	P	812386

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BON

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-435	P	186076

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
39-0989781-445	P	841389

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INV

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 315630

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 640138

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FLEX CAP GROWTH INV O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175985

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89641

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277617

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN LARGE CAP VAL

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90793

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE I

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168886

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289804

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1205093

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2115263

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611850

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 596826

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GRO

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71566

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163604

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677663

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62843

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297279

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 400445

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10646

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125272

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-271	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217515

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37274

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31653

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-291	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90931

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

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-471	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31583

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64242

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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18347	28218
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	11489035	12445903
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2303840	1989332
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13811222	14463453
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13811222	14463453

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)	956272	
	(B) Participants	2a(1)(B)	320626	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1276898
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	908	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		908
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		778194
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		28198
d Total income. Add all **income** amounts in column (b) and enter total	2d		2084198
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1431442	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1431442
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	525	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		525
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1431967
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		652231
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: ORLANDO MITTS MOORE AND CO **(2)** EIN: 94-2773669

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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): 42-6362604

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):

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Financial Statements

December 31, 2014 and 2013

(With Independent Auditors'
Report Thereon)

LAURIE ORLANDO
Partner

LOU MITTS
Partner

RETTA MOORE
Partner

ORLANDO, MITTS, MOORE & COMPANY
AN ACCOUNTANCY CORPORATION

To the Administrative Committee of
The Stangenes Industries, Inc., Profit Sharing Plan

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Stangenes Industries, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Retirement Services', the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee 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.

675 North First Street, Suite 1200, San Jose, CA 95112
(408) 278-0300, Fax (408) 278-0319

Basis of Accounting

We draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule 1 (modified cash basis) Schedule H Part IV Line 4 (I) Schedule of Assets (Held at Year End) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



San Jose, California
September 30, 2015

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair market value	$ 14,463,453	$ 13,811,222
Employee contribution receivable	-	-
Net assets available for benefits	$ 14,463,453	$ 13,811,222

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Years Ended December 31, 2014 and 2013

		2014	2013
ADDITIONS			
Additions to net assets attributable to:			
Investment income:			
Interest	A10/6	$ 29,106	$ 35,385
Net increase in the fair value of investments	A10/21	778,194	1,843,896
		807,300	1,879,281
Contributions:			
Participants'		320,626	319,579
Employer's		989,914	932,922
Rollovers		-	120,826
Forfeitures		-	-
		1,310,540	1,373,327
Total additions		2,117,840	3,252,608
DEDUCTIONS			
Deductions to net assets attributable to:			
Benefits paid to participants		1,431,442	867,844
Administrative expenses		525	100
Forfeitures		33,642	19,233
Net reduction in the fair value of investments		-	-
Total deductions		1,465,609	887,177
Net increase (decrease)		652,231	2,365,431
Net assets available for benefits			
Beginning of year		13,811,222	11,445,791
End of year		$ 14,463,453	$ 13,811,222

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Summary of the Plan and its significant accounting policies

The following description of the Stangenes Industries, Inc., Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of Stangenes Industries, Inc., (the Company) who are twenty-one years of age or older and complete one year of service (as defined in the Plan). Employees who are twenty-one or older become eligible for the employer discretionary profit sharing contribution after a minimum of one year of service and 1,000 hours on an annual basis.

The Plan is intended to qualify under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration -

Under the terms of the Plan, two designated employees of the Company act as the administrator and trustee. The trustees have contracted with Transamerica Retirement Services (Transamerica or TRS) to act as the custodian of the Plan. Transamerica, as custodian, holds the Plan's assets, executes investments and performs recordkeeping for the Plan.

Vesting -

Participants are immediately vested in their voluntary contributions and earnings. Vesting in the employer discretionary profit sharing contribution is as follows:

20% vested after 2 years of service
40% vested after 3 years of service
60% vested after 4 years of service
80% vested after 5 years of service
100% vested after 6 years of service

Years of service are defined in the Plan.

(1) Summary of the Plan and its significant accounting policies - continued

Use of estimates -

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Basis of accounting -

The financial statements and supplemental schedules of the Plan are prepared using the modified cash basis of accounting, consequently, certain income and contributions are recognized when received, and certain expenses and payments are recognized when disbursed.

Investments -

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts form fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis (see note 3, contract value is fair value).

All investments of the Plan are held by Transamerica and invested in various funds as directed by the participant. Plan assets are valued at fair market value as of the last day of the Plan year, as measured by quoted market prices, or contract value based on the terms of the contract.

The fair value or the guaranteed investment contract is valued daily using publicly available quoted market prices.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Summary of the Plan and its significant accounting policies - continued

Income taxes -

The Plan has received a favorable tax determination letter from the Internal Revenue Service. The Plan administrator believes the Plan is exempt from federal income and state franchise taxes.

Subsequent Events -

The Plan has evaluated subsequent events through September 30, 2015, the date the financial statements were available to be issued.

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.

Administrative Expenses -

Substantially all administrative expenses are paid by the Company.

(2) Participation and benefits

Employee contributions -

Participants may elect to contribute a percentage, from 1% to 65%, of their pre-tax compensation up to the amount allowable under current income tax regulations.

Employer contributions -

The Company is allowed to make discretionary matching or non-matching contributions as defined in the Plan and as approved by the Board of Directors of the Company. The Company made discretionary non-matching profit sharing contributions to the Plan that amounted to $956,272 (net of forfeitures) and $913,689 for the years ended December 31, 2014 and 2013, respectively.

(2) Participation and benefits - continued

Participant accounts -

Each participant's account is credited with the participant's contribution and allocation of: a) A pro-rata portion, based upon annual compensation to total compensation of all eligible employees, of the discretionary profit sharing contribution by the Company, if any, b) the Plan earnings, and c) the forfeitures of terminated participants' nonvested accounts, and d) Plan expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.

Payment of benefits -

Upon termination and election of the participant, benefits are paid in full in a lump-sum amount equal to the value of participant's account.

Notes Receivable from Participants -

The Plan provides a hardship provision, which allows a participant to borrow a maximum of $50,000 (minimum $1,000) or 50% of their vested account balance. The loans are secured by the participant's vested balance. Such loans bear interest at the Federal prime rate plus 1% and typically have a 5 year term. The Plan administrator establishes the specific terms and conditions of such hardship loans.

Forfeitures -

At December 31, 2014 and 2013, there were approximately $77,000 and $43,000, respectively, of forfeited nonvested employer profit sharing contributions which can be used first to pay plan expenses and then allocated to the remaining eligible employees based upon the pro-rata portion of their eligible compensation to total eligible employee compensation.

(3) Investment contract with Insurance Company

In 2007, the Plan entered into a benefit-responsive investment contract with Transamerica Retirement Services' (TRS). The stable value fund option of Transamerica Retirement Services' Group Annuity Contract changed its name effective January 29, 2007 from the Transamerica Stable Value Fund to the Transamerica Stable Value Option. Characteristics of the contract are as follows:

(3) Investment contract with Insurance Company – continued

- The Stable Value Option is a non-tradable obligation of Transamerica Retirement Services. The investment's contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.

- The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable (for example, a significant decline in creditworthiness of Transamerica), the Stable Value Option investment choice may no longer be considered fully benefit-responsive.

- The terms of Transamerica's Group Annuity Contract require all permitted participant initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the Plan.

- Since the Stable Value Option investment choice is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

- The Stable Value Option investment choice allows a participant reasonable access to their assets.

The Transamerica Stable Value Option investment choices are backed by the general account of Transamerica Life Insurance Company (TLIC) or Transamerica Financial Life Insurance Company (TFLIC). While TLIC or TFLIC declare rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. Although plan participants generally may with draw assets from the Stable Value Option investment choice without restrictions, TLIC or TFLIC may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

(3) Investment contract with Insurance Company – continued

These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six month period for which it is effective. The Stable Value Option investment choices are not considered a Guaranteed Interest Contract (GIC) and there is no stated minimum or maximum interest rate. Contract charges may reduce this return. This type of investment is considered fairly valued at contract value.

Assets held in Stable Value Option investment choices are commingled with assets in the general account. There is no specific portfolio of assets in which the Stable Value Option investment choices invest. The credited interest rate is backed by the income received from assets held in the general account.

The Stable Value Option performance for 2014 and 2013 was:

	2014	2013
Minimum rate	1.35%	1.45%
Average rate	1.35%	1.45%
Rate credited to participants	1.35%	1.45%

(4) Plan termination

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate the plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. Upon termination of the Plan, participants will become fully vested in their accounts.

(5) 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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(6) Certified information (Unaudited)

The December 31, 2014 and 2013 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 29 CRF 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 following table presents investment funds including those which represent 5 percent or more of the Plan's net assets:

	Assets at Fair Value as of December 31, 2014 (Note 8)				Assets at Fair Value as of December 31, 2013 (Note 8)			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Certified								
AEGON Balanced	$	201,974	$ -	$ 201,974	$ -	$ 190,699	$ -	$ 190,699
Loomis Sayles Bond		258,028	-	258,028	-	212,742	-	212,742
Oppenheimer Global		595,271	-	595,271	-	603,649	-	603,649
Janus Capital Appreciation	690,738		-	690,738	607,264	-	-	607,264
Transamerica Partners Mid Value		812,386	-	812,386	-	624,279	-	624,279
Nuveen Real Estate Sec	163,604		-	163,604	139,719	-	-	139,719
Transamerica Partners Core Bond		186,076	-	186,076	-	277,474	-	277,474
Fidelity Advisor Small Cap	841,389		-	841,389	803,233	-	-	803,233
Transamerica Stable Value		1,989,332	-	1,989,332	-	2,303,839	-	2,303,839
American Funds Fundamental Inv	315,630		-	315,630	353,058	-	-	353,058
American Funds EuroPac Growth	71,566		-	71,566	91,259	-	-	91,259
American Funds Growth Fund of America Inv Opt	640,138		-	640,138	762,263	-	-	762,263
Franklin Flex Cap Growth	175,985		-	175,985	206,251	-	-	206,251
SSgA RussellSmall-Cap Index		89,641	-	89,641	-	82,311	-	82,311
SSgA Mid-Cap Index		277,617	-	277,617	-	177,562	-	177,562
Neuberger Berman Partners	90,793		-	90,793	82,063	-	-	82,063
SSgA Russell Small Cap Value Index Ret Opt		168,886	-	168,886	-	128,679	-	128,679
Loomis Sayles Inv Grade Bond		677,663	-	677,663	-	606,790	-	606,790
Wells Fargo Adv Precious Metals	31,653		-	31,653	24,955	-	-	24,955
Prudential Jennison Natural Res	37,274		-	37,274	52,793	-	-	52,793
Vanguard Target Ret 2005	289,804		-	289,804	342,891	-	-	342,891
Vanguard Target Ret 2010	62,843		-	62,843	76,336	-	-	76,336
Vanguard Target Ret 2015	1,205,093		-	1,205,093	1,135,215	-	-	1,135,215
Vanguard Target Ret 2020	297,279		-	297,279	208,606	-	-	208,606
Vanguard Target Ret 2025	2,115,263		-	2,115,263	2,013,097	-	-	2,013,097
Vanguard Target Ret 2030	400,445		-	400,445	216,742	-	-	216,742
Vanguard Target Ret 2035	611,850		-	611,850	578,312	-	-	578,312
Vanguard Target Ret 2040	10,646		-	10,646	6,119	-	-	6,119
Vanguard Target Ret 2045	596,826		-	596,826	543,952	-	-	543,952
Vanguard Target Ret 2050	125,272		-	125,272	88,579	-	-	88,579
Vanguard Target Ret 2055	64,242		-	64,242	34,637	-	-	34,637
First Eagle Overseas Ret Opt	90,931		-	90,931	91,386	-	-	91,386.00
Ivy Science & Technology Ret Opt	217,515		-	217,515	125,773	-	-	125,773.00
Oppenheimer Developing Markets Ret Opt	31,582		-	31,582	348.00	-	-	348.00
	9,178,361	5,256,874	-	14,435,235	8,584,851	5,208,024	-	13,792,875
Uncertified								
Participant Loan Fund	-	-	28,218	28,218	-	-	18,347	18,347
Total investment at fair market value	$ 9,178,361	$ 5,256,874	$ 28,218	$ 14,463,453	$ 8,584,851	$ 5,208,024	$ 18,347	$ 13,811,222

For level 3 investments (loans) there was 1 new loan totaling $20,000 in 2014 and 2 new loans totaling $10,000 in 2013.
Loans were reduced by principal payments of $10,129 in 2014 ($ 6,546 in 2013).

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(7) - Detail of changes in net assets by fund

Detail of changes in net assets by fund are shown below as elected by participants to distribute their contributions.
The activity of these funds for the year ended December 31, 2014 is as follows:

	AEGON Balanced	Loomis Sayles Bond	Oppenheimer Global	Janus Capital Appreciation	Transamerica Partners Mid Value	Nuveen Real Estate Sec	Transamerica Partners Core Bond	Fidelity Advisor Small Cap	Transamerica Stable Value	American Funds Fundamental Inv	American Funds EuroPac Growth
Net assets available for benefits at December 31, 2013	$ 190,699	$ 212,742	$ 603,649	$ 607,264	$ 624,279	$ 139,719	$ 277,474	$ 803,233	$ 2,303,839	$ 353,058	$ 91,259
Contributions/rollovers/forfeitures	8,953	14,068	28,378	24,023	70,801	15,663	15,112	52,978	231,562	17,748	2,980
Withdrawals/distributions/hardships/ forfeitures/loans	(11,613)	(10,281)	(14,161)	(41,425)	(6,352)	(19,144)	(35,861)	(42,701)	(547,589)	(27,677)	(1,449)
Dividends, interest and other	-	-	-	-	-	-	-	-	27,668	-	-
Net appreciation (depreciation) in fair market value of investments	20,613	16,098	12,405	56,135	83,202	38,240	12,083	63,450	230	23,912	(2,963)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	(6,678)	25,401	(35,000)	44,741	40,456	(10,874)	(82,732)	(35,571)	(26,378)	(51,411)	(18,261)
Net assets available for benefits at December 31, 2014	$ 201,974	$ 258,028	$ 595,271	$ 690,738	$ 812,386	$ 163,604	$ 186,076	$ 841,389	$ 1,989,332	$ 315,630	$ 71,566

	American Funds Growth Fund of America Inv Opt	Franklin Flex Cap Growth	SSgA Russell Small Cap Index	SSgA Mid Cap Index	Nueberger Berman Partners	SSgA Russell Small Cap Value Index	Loomis Sayles Inv Grade Bond	Wells Fargo Advisors Precious Metals	Prudential Jennison Natural Resources	Vanguard Target Ret 2005	First Eagle Oberseas Ret Opt
Net assets available for benefits at December 31, 2013	$ 762,263	$ 206,251	$ 82,311	$ 177,562	$ 82,063	$ 128,679	$ 606,790	$ 24,955	$ 52,793	$ 342,891	$ 91,386
Contributions/rollovers/forfeitures	29,829	8,757	9,114	19,650	10,559	17,758	44,779	11,493	12,531	11,681	13,947
Withdrawals/distributions/hardships forfeitures/loans	-	(40,617)	-	(737)	(9,939)	(1,965)	(41,845)	-	(28,053)	(78,624)	(39,390)
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	47,854	11,277	3,677	22,745	8,201	6,226	38,947	(3,465)	(6,668)	13,856	764
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	(199,808)	(9,683)	(5,461)	58,397	(91)	18,188	28,992	(1,330)	6,671	-	24,224
Net assets available for benefits at December 31, 2014	$ 640,138	$ 175,985	$ 89,641	$ 277,617	$ 90,793	$ 168,886	$ 677,663	$ 31,653	$ 37,274	$ 289,804	$ 90,931

	Vanguard Target Ret 2010	Vanguard Target Ret 2015	Vanguard Target Ret 2020	Vanguard Target Ret 2025	Vanguard Target Ret 2030	Vanguard Target Ret 2035	Vanguard Target Ret 2040	Vanguard Target Ret 2045	Vanguard Target Ret 2050	Vanguard Target Ret 2055	Oppenheimer Developing Mkts Ret Opt
Net assets available for benefits at December 31, 2013	$ 76,336	$ 1,135,215	$ 208,606	$ 2,013,097	$ 216,742	$ 578,312	$ 6,119	$ 543,952	$ 88,579	$ 34,637	$ 348
Contributions/rollovers/forfeitures	10,183	99,941	85,758	157,516	45,326	65,539	4,112	50,411	30,853	27,170	6,869
Withdrawals/distributions/hardships forfeitures/loans	(26,632)	(99,385)	(11,358)	(114,333)	-	(151,801)	-	(28,505)	-	-	-
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	2,956	62,324	14,273	123,932	21,609	35,486	414	34,834	5,840	2,435	(1,297)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	-	6,998	-	(64,949)	116,768	84,314	1	(3,866)	-	-	25,662
Net assets available for benefits at December 31, 2014	$ 62,843	$ 1,205,093	$ 297,279	$ 2,115,263	$ 400,445	$ 611,850	$ 10,646	$ 596,826	$ 125,272	$ 64,242	$ 31,582

	Ivy Science & Technology Ret opt	Participant Receivable	Grand Total	
Net assets available for benefits at December 31, 2013	$ 125,773	$ 18,347	$ 13,811,222	
Contributions/rollovers/forfeitures	20,851	5	$ 1,276,898	
Withdrawals/distributions/hardships forfeitures/loans	-	(5)	$ (1,431,442)	
Dividends, interest and other	-	908	$ 28,576	**
Net appreciation (depreciation) in fair market value of investments	8,569	-	$ 778,194	**
Net loan activities	-	8,963	$ 8,963	
Transfers in/out/reinvestment/maturity	62,322	-	$ (8,958)	
Net assets available for benefits at December 31, 2014	$ 217,515	$ 28,218	$ 14,463,453	

** Totals include fees of $525

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(7) - Detail of changes in net assets by fund

Detail of changes in net assets by fund are shown below as elected by participants to distribute their contributions.
The activity of these funds for the year ended December 31, 2013 is as follows:

	AEGON Balanced	Loomis Sayles Bond	Oppenheimer Global	Janus Capital Appreciation	Transamerica Partners Mid Value	Nuveen Real Estate Sec	Transamerica Partners Core Bond	Fidelity Advisor Small Cap	Transamerica Stable Value	American Funds Fundamental Inv	American Funds EuroPac Growth
Net assets available for benefits at December 31, 2012	$ 156,106	$ 280,243	$ 457,418	$ 455,679	$ 450,542	$ 167,726	$ 286,814	$ 570,305	$ 2,643,619	$ 254,632	$ 70,538
Contributions/rollovers/forfeitures	12,268	25,233	31,618	22,209	41,079	15,424	18,669	57,523	190,478	21,979	5,452
Withdrawals/distributions/hardships/ forfeitures/loans	(9,712)	(11,401)	(8,355)	(12,671)	(14,196)	-	(24,721)	(14,455)	(509,363)	(8,986)	-
Dividends, interest and other	-	-	-	-	-	-	-	-	34,861	-	-
Net appreciation (depreciation) in fair market value of investments	33,422	7,788	125,158	144,352	150,339	6,424	(3,705)	219,017	-	80,986	14,728
Charges and fees	(16)	-	-	-	-	-	-	-	(63)	-	-
Net loan activities	(1,926)	-	-	-	-	-	-	-	(5,299)	-	-
Transfers in/out/reinvestment/maturity	557	(89,121)	(2,190)	(2,305)	(3,485)	(49,855)	417	(29,157)	(50,394)	4,447	541
Net assets available for benefits at December 31, 2013	$ 190,699	$ 212,742	$ 603,649	$ 607,264	$ 624,279	$ 139,719	$ 277,474	$ 803,233	$ 2,303,839	$ 353,058	$ 91,259

	American Funds Growth Fund of America Inv Opt	Franklin Flex Cap Growth	SSgA Russell Small Cap Index	SSgA Mid Cap Index	Nueberger Berman Partners	SSgA Russell Small Cap Value Index	Janus Overseas Ret Opt	Loomis Sayles Inv Grade Bond	Wells Fargo Advisors Precious Metals	Prudential Jennison Natural Resources	Vanguard Target Ret 2005
Net assets available for benefits at December 31, 2012	$ 548,152	$ 146,408	$ 52,499	$ 148,005	$ 68,868	$ 94,502	$ 63,117	$ 545,309	$ 57,911	$ 34,892	$ 291,481
Contributions/rollovers/forfeitures	28,885	9,742	7,222	18,811	9,909	15,141	2,160	78,814	12,040	14,371	19,192
Withdrawals/distributions/hardships forfeitures/loans	(7)	(6,209)	(277)	(20,406)	(2,803)	(4,927)	-	(12,097)	(14,159)	-	(25,836)
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	187,595	54,388	20,898	48,605	20,249	31,944	2,898	9,009	(26,882)	3,752	15,560
Charges and fees	-	-	-	-	-	-	-	-	-	-	-
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	(2,362)	1,922	1,969	(17,453)	(14,160)	(7,981)	(68,175)	(14,245)	(3,955)	(222)	42,494
Net assets available for benefits at December 31, 2013	$ 762,263	$ 206,251	$ 82,311	$ 177,562	$ 82,063	$ 128,679	$ -	$ 606,790	$ 24,955	$ 52,793	$ 342,891

	Vanguard Target Ret 2010	Vanguard Target Ret 2015	Vanguard Target Ret 2020	Vanguard Target Ret 2025	Vanguard Target Ret 2030	Vanguard Target Ret 2035	Vanguard Target Ret 2040	Vanguard Target Ret 2045	Vanguard Target Ret 2050	Vanguard Target Ret 2055	First Eagle Oberseas Ret Opt
Net assets available for benefits at December 31, 2012	$ 56,089	$ 998,381	$ 150,645	$ 1,551,583	$ 78,601	$ 297,440	$ 693	$ 398,291	$ 49,163	$ 5,246	$ -
Contributions/rollovers/forfeitures	14,858	117,913	75,179	163,411	34,590	175,565	440	49,017	21,614	19,534	18,250
Withdrawals/distributions/hardships forfeitures/loans	-	(108,665)	(29,408)	(588)	(7,525)	(18,492)	-	(1,974)	-	-	-
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	5,389	125,404	24,855	282,995	22,468	91,155	867	98,553	14,252	4,067	6,285
Charges and fees	-	(21)	-	-	-	-	-	-	-	-	-
Net loan activities	-	4,288	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	-	(2,085)	(12,665)	15,696	88,608	32,644	4,119	65	3,550	5,790	66,851
Net assets available for benefits at December 31, 2013	$ 76,336	$ 1,135,215	$ 208,606	$ 2,013,097	$ 216,742	$ 578,312	$ 6,119	$ 543,952	$ 88,579	$ 34,637	$ 91,386

	Ivy Science & Technology Ret opt	Oppenheimer Developing Mkts Ret Opt	Participant Receivable	Grand Total
Net assets available for benefits at December 31, 2012	$ -	$ -	$ 14,893	$ 11,445,791
Contributions/rollovers/forfeitures	5,184	320	-	$ 1,354,094
Withdrawals/distributions/hardships forfeitures/loans	(603)	-	(8)	$ (867,844)
Dividends, interest and other	-	-	524	$ 35,385
Net appreciation (depreciation) in fair market value of investments	21,054	28	(1)	$ 1,843,896
Charges and fees	-	-	-	$ (100)
Net loan activities	-	-	2,937	$ -
Transfers in/out/reinvestment/maturity	100,138	-	2	$ -
Net assets available for benefits at December 31, 2013	$ 125,773	$ 348	$ 18,347	$ 13,811,222

(8) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2014				
Investment Funds				
Bonds	$ 1,121,767	$ -	$ 1,121,767	$ -
Hybrid	5,981,537	5,779,563	201,974	-
Equity	816,123	816,123	-	-
Small company equity	1,099,916	841,389	258,527	-
Large/mid blend equity	684,040	406,423	277,617	-
Large/mid value equity	1,503,124	690,738	812,386	-
Specialty	481,628	481,628	-	-
International equity	162,497	162,497	-	-
Global equity	595,271	-	595,271	-
Investment contract with insurance company (Stable Value), balanced	1,989,332	-	1,989,332	-
Participant receivable	28,218	-	-	28,218
Total	$ 14,463,453	$ 9,178,361	$ 5,256,874	$ 28,218
December 31, 2013				
Investment Funds				
Bonds	$ 1,097,006	$ -	$ 1,097,006	$ -
Hybrid	5,435,185	5,244,486	190,699	-
Equity	968,514	968,514	-	-
Small company equity	1,014,223	803,233	210,990	-
Large/mid blend equity	612,683	435,121	177,562	-
Large/mid value equity	1,231,543	607,264	624,279	-
Specialty	343,588	343,588	-	-
International equity	182,645	182,645	-	-
Global equity	603,649	-	603,649	-
Investment contract with insurance company (Stable Value), balanced	2,303,839	-	2,303,839	-
Participant receivable	18,347	-	-	18,347
Total	$ 13,811,222	$ 8,584,851	$ 5,208,024	$ 18,347

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

(8) Fair Value Measurements-continued

Level 1 Fair Value Measurements

The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the assets or liabilities; inputs tat are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

The value of the investment contract (Stable Value) are invested in the general account of the insurance company issuing the contract that offers the particular Stable Value Option investment choice. All assets in the Stable value Option investment choices are credited with interest using a declared monthly rate determined by Transamerica and stated in advance.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

Fair value measurements using significant unobservable inputs (Level 3):

	Participant Receivable	Total
December 31, 2014		
Beginning Balance	$ 18,347	$ 18,347
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	9,871	9,871
	$ 28,218	$ 28,218

(8) Fair Value Measurements-continued

December 31, 2013	Participant Receivable	Total
Beginning Balance	$ 14,893	$ 14,893
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	3,454	3,454
	$ 18,347	$ 18,347

During 2014 the participants transferred from Level 1 investments to the Stable Value fund (Level 2) approximately $ 109,000 ($238,000 in 2013) and transferred from the Stable Value fund (Level 2) into Mutual Funds (Level 1) approximately $ 138,000 ($300,000 in 2013). Additionally, net transfers from Level 1 investments into the Level 2 Bond Funds for 2014 approximated $ 15,000 ($129,000 in 2013).

FORM 5500

SUPPLEMENTAL SCHEDULE

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN
94-2247016 Plan 001

Schedule 1 (Modified Cash Basis)

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	(d) Cost	(e) Current Value
*	Transamerica Life Insurance Co.	AEGON Balanced	$ 201,974	$ 201,974
*	Transamerica Life Insurance Co.	Loomis Sayles Bond	258,028	258,028
*	Transamerica Life Insurance Co.	Janus Capital Appreciation	690,738	690,738
*	Transamerica Life Insurance Co.	Oppenheimer Global	595,271	595,271
*	Transamerica Life Insurance Co.	Transamerica Partners Mid Value	812,386	812,386
*	Transamerica Life Insurance Co.	Transamerica Partners Core Bond	186,076	186,076
*	Transamerica Life Insurance Co.	Fidelity Advisor Small Cap	841,389	841,389
*	Transamerica Life Insurance Co.	American Funds Fundamental Inv	315,630	315,630
*	Transamerica Life Insurance Co.	American Funds Growth Fund of America Inv Opt	640,138	640,138
*	Transamerica Life Insurance Co.	Franklin Flex Cap Growth	175,985	175,985
*	Transamerica Life Insurance Co.	SSgA Russell Small-Cap Index	89,641	89,641
*	Transamerica Life Insurance Co.	SSgA Mid-Cap Index	277,617	277,617
*	Transamerica Life Insurance Co.	Neuberger Berman Partners	90,793	90,793
*	Transamerica Life Insurance Co.	SSgA Russell Small Cap Value Index Ret Opt	168,886	168,886
*	Transamerica Life Insurance Co.	Vanguard Target Retirement Income Ret Opt	289,804	289,804
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2015	1,205,093	1,205,093
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2025	2,115,263	2,115,263
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2035	611,850	611,850
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2045	596,826	596,826
*	Transamerica Life Insurance Co.	American Funds EuroPac Growth	71,566	71,566
*	Transamerica Life Insurance Co.	Nuveen Real Estate Sec	163,604	163,604
*	Transamerica Life Insurance Co.	Loomis Sayles Inv Grade Bond	677,663	677,663
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2010	62,843	62,843
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2020	297,279	297,279
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2030	400,445	400,445
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2040	10,646	10,646
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2050	125,272	125,272
*	Transamerica Life Insurance Co.	Ivy Science & Technology	217,515	217,515
*	Transamerica Life Insurance Co.	Prudential Jennison Natural Res	37,274	37,274
*	Transamerica Life Insurance Co.	Wells Fargo Adv Precious Metals	31,653	31,653
*	Transamerica Life Insurance Co.	First Eagle Overseas	90,931	90,931
*	Transamerica Life Insurance Co.	Oppenheimer Developing Markets	31,582	31,582
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2055	64,242	64,242
*	Transamerica Life Insurance Co.	Transamerica Stable Value	-	1,989,332
*	Notes Receivable from Participants	Notes Receivable from Participants (4.25%)	-	28,218
				$ 14,463,453

* Party-in-interest to the Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN
Contract #: 997276
EIN: 94-2247016

Plan #: 001
Period: 01/01/2014 - 12/31/2014

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	PARTICIPANT LOANS		$28,218
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND		$1,889,332
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BALANCED RET OPT	$201,974	$201,974
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES BOND RET OPT	$258,028	$258,028
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS CAPITAL APPRECIATION RET OPT	$690,738	$690,738
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER GLOBAL RET OPT	$595,271	$595,271
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID VALUE RET OPT	$812,386	$812,386
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS CORE BOND RET OPT	$186,076	$186,076
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR SMALL CAP INV OPT	$841,389	$841,389
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT	$315,630	$315,630
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT	$640,138	$640,138
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN FLEX CAP GROWTH INV OPT	$175,985	$175,985
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA RUSSELL SMALL CAP INDEX RET OPT	$89,641	$89,641
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA S&P MID CAP INDEX RET OPT	$277,617	$277,617
*	TRANSAMERICA LIFE INSURANCE COMPANY	NEUBERGER BERMAN LARGE CAP VALUE INV OPT	$90,793	$90,793
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA RUSSELL SMALL CAP VALUE INDEX RET OPT	$168,886	$168,886
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT INCOME RET OPT	$289,804	$289,804
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2015 RET OPT	$1,205,093	$1,205,093
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2025 RET OPT	$2,115,263	$2,115,263
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2035 RET OPT	$611,850	$611,850
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2045 RET OPT	$596,826	$596,826
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS EUROPACIFIC GROWTH RET OPT	$71,566	$71,566
*	TRANSAMERICA LIFE INSURANCE COMPANY	NUVEEN REAL ESTATE SECURITIES RET OPT	$163,604	$163,604
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES INVESTMENT GRADE BOND RET OPT	$677,663	$677,663
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2010 RET OPT	$62,843	$62,843
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2020 RET OPT	$297,279	$297,279
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2030 RET OPT	$400,445	$400,445
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2040 RET OPT	$10,846	$10,846
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2050 RET OPT	$125,272	$125,272
*	TRANSAMERICA LIFE INSURANCE COMPANY	IVY SCIENCE & TECHNOLOGY RET OPT	$217,515	$217,515
*	TRANSAMERICA LIFE INSURANCE COMPANY	PRUDENTIAL JENNISON NATURAL RESOURCES RET OPT	$37,274	$37,274
*	TRANSAMERICA LIFE INSURANCE COMPANY	WELLS FARGO ADVANTAGE PRECIOUS METALS RET OPT	$31,653	$31,653
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIRST EAGLE OVERSEAS RET OPT	$90,931	$90,931
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER DEVELOPING MARKETS RET OPT	$31,583	$31,583
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD TARGET RETIREMENT 2055 RET OPT	$64,242	$64,242