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;
- [X] 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
FRY REGLET CORPORATION 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

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

12342 HAWKINS STREET
SANTA FE SPRINGS, CA 90670-3367

2b Employer Identification Number (EIN)
95-1979678

2c Plan Sponsor's telephone number
562-903-9500

2d Business code (see instructions)
423300

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.	10/05/2015	JAMES TUTTLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

FRY REGLET CORPORATION

12342 HAWKINS STREET
SANTA FE SPRINGS, CA 90670

3b Administrator's EIN
95-1979678

3c Administrator's telephone number
562-903-9500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	222
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)**	192
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	191
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	229
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	229
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	164
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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 2G 2J 2K

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [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
FRY REGLET CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRY REGLET CORPORATION

D Employer Identification Number (EIN)
95-1979678

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

JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	53801	190	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
27507	6096

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

ROBERT E. DUNCAN
1000 LAKES DRIVE, STE 460
WEST COVINA, CA 91790

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
27507			3

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

ACTUARIAL BENEFITS CORP
2790 SKYPARK DRIVE SUITE 300
TORRANCE, CA 90505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	6096	TPA COMPENSATION	5

(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	52239
5	Current value of plan's interest under this contract in separate accounts at year end	5	3907562

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 ▶

b	Balance at the end of the previous year			7b	45359
c	Additions: (1) Contributions deposited during the year	7c(1)	7048		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	169		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1260		
	▶ LOAN REPYMTS, JH CREDITS TO PARTICIPANTS				
	(6) Total additions			7c(6)	8477
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	53836
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	918		
	(2) Administration charge made by carrier	7e(2)	95		
	(3) Transferred to separate account	7e(3)	584		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1597
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	52239

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

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

A Name of plan
FRY REGLET CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRY REGLET CORPORATION

D Employer Identification Number (EIN)
95-1979678

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO USA

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

(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 28 59 60 62 63 68	RECORDKEEPER	658	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
FRY REGLET CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FRY REGLET CORPORATION

D Employer Identification Number (EIN)
95-1979678

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: RL AT 2015

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

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)
01-0233346-000	P	18516

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2020

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

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)
01-0233346-000	P	5928

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2025

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

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)
01-0233346-000	P	5315

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2030

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

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)
01-0233346-000	P	2967

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2035

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

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)
01-0233346-000	P	3627

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2040

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

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)
01-0233346-000	P	23444

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2045

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

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)
01-0233346-000	P	15526

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2050

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25189

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72165

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72415

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455409

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1143699

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 374687

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85773

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 613

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18384

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5187

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12518

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3763

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31640

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3057

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7061

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3698

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13484

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7077

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6891

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6257

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38049

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83620

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1255

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236

a Name of MTIA, CCT, PSA, or 103-12 IE: IDX 500

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108557

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34484

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37279

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25305

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 807

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18168

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50671

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80018

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9125

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192549

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 779

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22081

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5230

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14554

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 244

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30258

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 505

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2593

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1424

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12046

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46146

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3734

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15296

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190810

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10581

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12218

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15187

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21856

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13063

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1353

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110846

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181101

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25260

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13084

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1089

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30900

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20352

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
FRY REGLET CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRY REGLET CORPORATION

D Employer Identification Number (EIN)
95-1979678

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101722	85773
(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)	74428	70101
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3238041	3821788
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	45359	52239
(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	3459550	4029901
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3459550	4029901

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)	166324	
	(B) Participants	2a(1)(B)	417199	
	(C) Others (including rollovers)	2a(1)(C)	2051	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		585574
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	169	
	(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)	4134	
	(F) Other	2b(1)(F)	489	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4792
	(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)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		151024
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		741390
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	154042	
(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)		154042
f Corrective distributions (see instructions)	2f		12169
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)	4828	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4828
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		171039
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		570351
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LUCAS,HORSFALL,MURPHY&PINDROH,LLP **(2)** EIN: 95-4659692

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		350000
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
FRY REGLET CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRY REGLET CORPORATION

D Employer Identification Number (EIN)
95-1979678

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): 01-0233346

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):

Fry Reglet Corporation 401 (k) Plan

Financial Statements

December 31, 2014 and 2013

(with Independent Auditors' Report Thereon)

Fry Reglet Corporation 401 (k) Plan

Financial Statements

December 31, 2014 and 2013

(with Independent Auditors' Report Thereon)

Table of Contents

	Page(s)
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 - 12
Supplemental Information	
Schedule of Assets Held for Investment Purposes at End of Year - December 31, 2014	13 - 14

Lucas Horsfall
ACCOUNTANTS + ADVISORS

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Fry Reglet Corporation 401 (k) Plan
Santa Fe Springs, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fry Reglet Corporation 401 (k) Plan (the Plan), which comprise the statements of net assets available for plan benefits of as of December 31, 2014 and 2013, and the related statement of changes in net assets available for Plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 3 "Certification by Custodian," which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2014, and 2013, and for the year ended December 31, 2014, 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.

Other Matter

The supplemental schedule as of or for the year ended 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. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter descried in the Basis for Disclaimer of Opinion paragraph, we do not express and opinion on the supplemental schedules.

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

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

Lucas, Horsfall, Murphy & Pinkerton, LLP

Pasadena, California
September 4, 2015

Fry Reglet Corporation 401 (k) Plan
Statements of Net Assets Available for Plan Benefits

	December 31, 2014	December 31, 2013
ASSETS		
Investments		
Pooled separate accounts	$ 3,907,561	$ 3,339,763
Guaranteed interest accounts	52,239	45,359
Total investments	3,959,800	3,385,122
Receivables		
Notes receivable from participants	70,101	74,428
Total assets	4,029,901	3,459,550
LIABILITIES		
Excess contribution payable	35,662	-
Net Assets Available For Plan Benefits	$ 3,994,239	$ 3,459,550

The accompanying notes are an integral part of these statements.
See Independent Auditors' Report

Fry Reglet Corporation 401 (k) Plan
Statement of Changes in Net Assets Available for Plan Benefits
For the year ended December 31, 2014

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net gain in fair value of investments	$ 151,024
Interest and dividends	658
Total investment income	151,682
Interest income on notes receivable from participants	4,134
Contributions:	
Participants	405,433
Employer	142,428
Rollovers	2,051
Total contributions	549,912
Total additions	705,728
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	166,211
Administrative expenses	4,828
Total deductions	171,039
Net increase	534,689
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
Beginning of year	3,459,550
End of year	$ 3,994,239

The accompanying notes are an integral part of this statement.
See Independent Auditors' Report

1. DESCRIPTION OF PLAN

The following description of Fry Reglet Corporation 401 (k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective January 1, 1997, Fry Reglet Corporation (the Company or Sponsor) adopted the 401(k) Plan, a defined contribution plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

Participation and Eligibility

All employees, except members of a collective bargaining unit and non-resident aliens, who have reached the age of 21 and completed 6 months of service are eligible for participation in the Plan.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, not to exceed $17,500 in 2014. In addition, participants 50 years or older may make catch-up contributions of up to $5,500 in 2014. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matches 50% of the first 6% of base compensation that a participant contributes to the Plan. If any participant's deferrals for the year exceed the maximum allowable for the year, the excess amount must be returned to the participant as taxable compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on the participant's earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service.

The following is the Plan's vesting schedule for matching contributions:

Years of Service	Vesting Percentage
2	20.00 %
3	40.00 %
4	60.00 %
5	80.00 %
6	100.00 %

A Participant is fully vested after six years of credited service.

Distribution of Benefits to Participants

Upon termination of employment, a participant may withdraw his or her accumulated balances in the Plan. If a participant has reached the normal retirement age, distributions may be made, at the participant's election, from any account which are 100% vested without requiring the participant to terminate employment. Only lump sum cash distributions, installments and annuities for minimum distributions are permitted. Hardship withdrawals are allowed from the participant's elective account only.

Forfeited Accounts

Forfeitures will be used to reduce future employer contributions, in accordance with the terms of the Plan agreement. During the year ended December 31, 2014, there were $11,028 forfeited non-vested accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum of $50,000 or one-half of their vested account balance, which ever is less. The notes are secured by the balance in the participants' account and is currently bearing interest at a rate of 5.25%. Principal and interest is paid ratably through payroll deductions.

1. DESCRIPTION OF PLAN (Continued)

Plan Termination

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

ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be at least equal to the lesser of 10% of the plan's asset as the beginning of the plan year or $500,000.

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Investment Valuation and Income Recognition

Investments in pooled separate accounts are stated at fair value as determined by John Hancock Life Insurance Company (U.S.A.), the custodian, and are based on the net asset value of units held at year-end. Guaranteed interest accounts are stated at cost plus any interest earned, which approximates fair value. The guaranteed period for the funds will commence on the day the participant's account is established and will end on the last day of the third, fifth and/or tenth reporting year, respectively, following the date the participant's account was established. Interest will accrue daily throughout the reporting year at rates which, when compounded daily, will yield the effective annual rates which apply to the participant's account. Interest will be credited on each of the following occasions: (i) one day prior to the date on which a statement is produced, and (ii) one day prior to withdrawals from a participant's account. Restrictions that apply to these accounts are that a charge applies to early withdrawals or transfers of money from this account before the guaranteed period ends if the market value of the participant's investment is earning less than its current/book rates.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

The realized gain or loss on investments is included with unrealized appreciation or depreciation in the fair value of pooled separate accounts.

See Note 7, Fair Value Financial Instruments, for disclosures regarding fair value measurements in accordance with the guidance issued by the Accounting Standards Codification (ASC) 820.

Excess Contributions Payable

Amounts payable to participants totaling $35,662 , for contributions in excess of amounts allowed by the IRS are recorded as excess contributions payable, with a corresponding reduction to the 2014 contributions (see Note 9). The Plan distributed the 2014 excess contributions prior to March 15, 2015.

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPALS (Continued)

Plan Expenses

Under a service and expense agreement, the Plan and its Sponsor bear expenses related to the Plan administration. For the year ended December 31, 2014, the administrative expenses paid by the Plan were $4,828.

Estimates

The Plan's administrator has made a number of estimates and assumptions relating to the reporting of assets, liabilities, additions and deductions and disclosure of contingent assets and liabilities to prepare these financial statements in accordance with accounting principles generally accepted in the United States of America. Accordingly, actual results may differ from those estimates.

3. CERTIFICATION BY CUSTODIAN

John Hancock Life Insurance Company (U.S.A.) (the Custodian) has certified that the following information included in the financial statements as of and for the year ended December 31, 2014, is complete and accurate:

a. Investments and participant loans as included in the Statements of Net Assets Available for Plan Benefits.

b. All information pertaining to investment income and expenses in the Statement of Changes in Net Assets Available for Plan Benefits.

c. Schedule of Assets Held for Investment Purposes at End of Year December 31, 2014.

d. Party-in-interest transactions.

4. RELATED PARTY TRANSACTION

Certain Plan investments are shares of mutual funds managed by John Hancock Life Insurance Company (U.S.A.), the custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for administrative services amounted to $4,828 for the year ended December 31, 2014.

5. INVESTMENTS

The following table represents carrying values of investments, with investments representing 5% or more of total plan assets separately identified.

	2014	%	2013	%
Lifestyle Fund - Growth Portfolio	$ 1,143,699	28.6 %	$ 993,472	28.7 %
Lifestyle Fund - Balanced Portfolio	455,409	11.4	370,706	10.7
Lifestyle Fund - Aggressive Portfolio	374,687	9.4	286,140	8.3
Individual investments less than 5% of total plan assets	1,986,005	49.7	1,734,804	50.1
Total investments	$ 3,959,800	99.1 %	$ 3,385,122	97.8 %

6. CONCENTRATION OF MARKET AND CREDIT RISK

The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk is dictated by the Plan's provisions as well as those of ERISA and the participants' investment preferences. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the financial statements.

7. FAIR VALUE FINANCIAL INSTRUMENTS

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Quoted prices are available in active markets for identical investments as of the reporting date. The type of investments in Level 1 include listed equities and other securities held in the name of the Company, and exclude listed equities and other securities held indirectly through commingled funds.

Level 2 - Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level 3 - Pricing inputs are unobservable for the investment and include situations where there is little, if any market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. Investments that are included in this category generally include privately held investments and partnership interests.

7. FAIR VALUE FINANCIAL INSTRUMENTS (Continued)

The following table summarizes the valuation of the Plan's financial assets and liabilities by the above categories as of December 31, 2014:

	Quoted market prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Pooled separate accounts	$ 3,907,561	$ -	$ -	$ 3,907,561
Guaranteed interest accounts	-	-	52,239	52,239
Total	$ 3,907,561	$ -	$ 52,239	$ 3,959,800

The following table summarizes the valuation of the Plan's financial assets and liabilities by the above categories as of December 31, 2013:

	Quoted market prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Pooled separate accounts	$ 3,339,763	$ -	$ -	$ 3,339,763
Guaranteed interest accounts	-	-	45,359	45,359
Total	$ 3,339,763	$ -	$ 45,359	$ 3,385,122

The following table provides a reconciliation of the beginning and ending balances for measurements in hierarchy Level 3 as of December 31, 2014:

	Balance December 31, 2013	Total Realized Gains	Total Unrealized Losses	Purchases	Sales	Balance December 31, 2014
Guaranteed interest accounts	$ 45,359	$ 169	$ (310)	$ 8,619	$ (1,598)	$ 52,239
Total Level 3 Assets	$ 45,359	$ 169	$ (310)	$ 8,619	$ (1,598)	$ 52,239

7. FAIR VALUE FINANCIAL INSTRUMENTS (Continued)

The following table provides a reconciliation of the beginning and ending balances for measurements in hierarchy Level 3 as of December 31, 2013:

	Balance December 31, 2012	Total Realized Gains	Total Unrealized Losses	Purchases	Sales	Balance December 31, 2013
Guaranteed interest accounts	$ 43,871	$ 245	$ (116)	$ 8,802	$ (7,443)	$ 45,359
Total Level 3 Assets	$ 43,871	$ 245	$ (116)	$ 8,802	$ (7,443)	$ 45,359

8. TAX STATUS

The underlying standardized prototype plan has received an opinion letter from the Internal Revenue Service dated September 18, 2001, stating that the written form of the underlying prototype document is qualified under section 401(a) of the Internal Revenue Code (the Code), and that any employer adopting this form of the plan will be considered to have a plan qualified under section 401(a) of the Code. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. As of December 31, 2014, the Plan's tax years for 2011, 2012 and 2013, are subject to examination by the tax authorities.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of contributions received per the financial statements for the year ended December 31, 2014, to Schedule H of Form 5500:

Contributions per the financial statements:

Contributions received from participants	$	405,433
Contributions received from employer		142,428
Rollovers		2,051
Total contributions received		549,912
Excess contributions refunded by the Plan after December 31, 2014		35,662
Contributions per Schedule H to the Form 5500	$	585,574

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014, to Schedule H of Form 5500:

Net assets available for benefits per the financial statements	$	3,994,239
Amounts refunded by the Plan after December 31, 2014		35,662
Net assets available for benefits per Schedule H of Form 5500	$	4,029,901

The following is a reconciliation of net increase in net asset available for plan benefits for the year ended December 31, 2014, to schedule H of Form 5500:

Net increase of net assets per the financial statements	$	534,689
Amounts refunded by the Plan after December 31, 2014		35,662
Net assets available for benefits per Schedule H of Form 5500	$	570,351

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 4, 2015, which is the date the financial statements were available to be issued.

Fry Reglet Corporation 401 (k) Plan
SUPPLEMENTAL SCHEDULE I
EIN -95-1979678
Plan # 002
Schedule H, line 4i
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2014

(a)	(b) Identity of issuer, 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
*	John Hancock	500 Index Fund	**	$ 108,557
*	John Hancock	American Balanced Fund	**	3,698
*	John Hancock	American Funds Europac	**	46,146
*	John Hancock	BRGLBALL	**	7,077
*	John Hancock	Davis New York Venture Fund	**	18,168
*	John Hancock	DISCIPVAL	**	192,549
*	John Hancock	Domini Social	**	807
*	John Hancock	Energy Fund	**	30,900
*	John Hancock	Explorer	**	401
*	John Hancock	Fidelity Contra Fund	**	38,049
*	John Hancock	Franklin Small-Mid Cap Growth Fund	**	190,810
*	John Hancock	FUN ALLCP	**	14,554
*	John Hancock	FUND LCV	**	3,057
*	John Hancock	Global	**	15,296
*	John Hancock	GROWTH	**	50,671
*	John Hancock	HERITAGE	**	2,593
*	John Hancock	International Equity Index Fund	**	13,063
*	John Hancock	INV CO AM	**	236
*	John Hancock	International Value Fund	**	1,089
*	John Hancock	Invesco AIM Small Cap Growth Fund	**	1,424
*	John Hancock	JH USA 10-Yr Guaranteed Interest Acct	**	1,382
*	John Hancock	JH USA 3-Yr Guaranteed Interest Acct	**	26,310
*	John Hancock	JH USA 5-Yr Guaranteed Interest Acct	**	24,546
*	John Hancock	Legg Partners Aggressive Growth Fund	**	12,046
*	John Hancock	Lifestyle Fund - Aggressive Portfolio	**	374,687
*	John Hancock	Lifestyle Fund - Balanced Portfolio	**	455,409
*	John Hancock	Lifestyle Fund - Conservative Portfolio	**	72,165
*	John Hancock	Lifestyle Fund - Growth Portfolio	**	1,143,699
*	John Hancock	Lifestyle Fund - Moderate Portfolio	**	72,415
*	John Hancock	Mid Cap Stock Fund	**	15,187
*	John Hancock	Mid Value	**	1,255
*	John Hancock	Money Market Fund	**	85,773
*	John Hancock	Mutual Beacon Fund	**	83,620
*	John Hancock	Mutual Discovery Fund	**	6,257
*	John Hancock	Oppenheimer Developing Markets Fund	**	110,846
*	John Hancock	Opportunity	**	20,352
*	John Hancock	PIMCO All Asset Fund	**	7,061
*	John Hancock	PIMCO Global Bond Fund	**	12,518
*	John Hancock	PIMCO Real Return Fund	**	5,187
*	John Hancock	PIMCO Total Return Fund	**	18,384
*	John Hancock	RL AT 2015	**	18,516

See Independent Auditors' Report

Fry Reglet Corporation 401 (k) Plan
SUPPLEMENTAL SCHEDULE I
EIN -95-1979678
Plan # 002
Schedule H, line 4i
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2014

(a)	(b) Identity of issuer, 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
*	John Hancock	RL AT 2020	**	5,928
*	John Hancock	RL AT 2025	**	5,315
*	John Hancock	RL AT 2030	**	2,967
*	John Hancock	RL AT 2035	**	3,627
*	John Hancock	RL AT 2040	**	23,444
*	John Hancock	RL AT 2045	**	15,526
*	John Hancock	RL AT 2050	**	25,189
*	John Hancock	Short-Term Federal Fund	**	613
*	John Hancock	Small Cap Growth Index Fund	**	181,101
*	John Hancock	Small Cap Index Fund	**	12,218
*	John Hancock	Small Cap Opportunities Fund	**	25,260
*	John Hancock	T. Rowe Price Equity Income Fund	**	34,484
*	John Hancock	T. Rowe Price Health Sciences Fund	**	30,258
*	John Hancock	T. Rowe Price Science & Tech Fund	**	13,084
*	John Hancock	T. Rowe Price Spectrum Income Fund	**	158
*	John Hancock	Templeton World Fund	**	3,734
*	John Hancock	Total Stock Market Index Fund	**	25,305
*	John Hancock	US Small Cap Fund	**	21,856
*	John Hancock	VS BLUCP	**	9,125
*	John Hancock	VS CAP APP	**	80,018
*	John Hancock	VS Financial	**	244
*	John Hancock	VS HIYLD	**	31,640
*	John Hancock	VS INTL OP	**	22,081
*	John Hancock	VS LRG CAP	**	13,484
*	John Hancock	VS RESTS	**	505
*	John Hancock	VS SCTEC	**	10,581
*	John Hancock	VS SM GRTH	**	1,353
*	John Hancock	VS SML VAL	**	5,230
*	John Hancock	VS STR INC	**	3,763
*	John Hancock	VS Utility	**	37,279
*	John Hancock	VS Value	**	779
*	John Hancock	Washington Mutual Investors Fund	**	6,891
	Total Investments			$ 3,959,800
*	Participant Loans	Notes receivable from participants - 5.25%		$ 70,101

* Party-in-interest
**Cost information is not provided as all investments are participant directed.

See Independent Auditors' Report

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► FRY REGLET CORPORATION 401(k) PLAN

Employer Identification Number:► 95-1979678

For plan year (beginning/ending):► 01/01/2014 - 12/31/2014 Plan number:► 2

(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
*	JOHN HANCOCK USA	RL 2015		18516
		RL 2020		5928
		RL 2025		5315
		RL 2030		2967
		RL 2035		3627
		RL 2040		23444
		RL 2045		15526
		RL 2050		25189
		LS CONSERV		72165
		LS MODERAT		72415
		LS BALANCE		455409
		LS GROWTH		1143699
		LS AGGRESS		374687
		10 YR COMP		1382
		5 YR COMP		24546
		3 YR COMP		26310
		MONEY		85773
		SHORT TERM		613
		TOTAL RETN		18384
		SPECTRUM I		158
		REAL RTRN		5187
		GLOBAL BD		12518
		VS STR INC		3763
		VS HIYLD		31640
		FUND LCV		3057
		ALL ASSET		7061
		AF AM BAL		3698
		US EQUITY		13484
		BRGLBALL		7077
		AF WASHMUT		6891
		DISCOVERY		6257
		CONRA		38049
		BEACON		83620
		JPM MCVALU		1255
		INV CO AM		236
		IDX 500		108557
		TRP EQ INC		34484
		VS UTILIT		37279
		IDX TOTAL		25305

		DOMINI SOC		807
		NY VENTURE		18168
		GROWTH		50671
		VS CAP APP		80018
		VS BLUCP		9125
		DISCIPVAL		192549
		VS VALUE		779
		INTL GRW		22081
		VS SML VAL		5230
		FUN ALLCP		14554
		VS FINANCL		244
		HEALTH SCI		30258
		VS RESTS		505
		HERITAGE		2593
		SMALL GRTH		1424
		LMC AGG GR		12046
		EUROPAC		46146
		WORLD		3734
		GLOBAL BD		15296
		SM MD GRTH		190810
		EXPLORER		401
		VS SCTEC		10581
		IDX SMALL		12218
		VS MC ST		15187
		US SML CAP		21856
		IDX INTL		13063
		VS SM GRTH		1353
		DEVELP MKT		110846
		SMCP GR IN		181101
		SM OPPS		25260
		SCI TECH		13084
		VS IT VL		1089
		ENERGY		30900
		OPPORTUNTY		20352
		LOANS - 5.25%		70101