Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TSE INDUSTRIES, INC. PROFIT SHARING/401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1980

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

4370 112TH TERRACE NORTH
CLEARWATER, FL 33762-4902

2b Employer Identification Number (EIN)
59-1089552

2c Plan Sponsor's telephone number
727-573-7676

2d Business code (see instructions)
326100

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.	10/08/2015	DAVID J TOTTLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2015	DAVID J TOTTLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	199
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)**	174
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	200
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	212
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	212
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	140
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
TSE INDUSTRIES, INC. PROFIT SHARING/401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TSE INDUSTRIES, INC.	59-1089552

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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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)

EXPERT PLAN, INC.

50 MILLSTONE ROAD
BUILDING 400, SUITE 300
EAST WINDSOR, NJ 08520

52-2226949

(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 50 60 64 99	RECORDKEEPING , DIST FEES	11669	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

LPL FINANCIAL

600 BYPASS DRIVE
SUITE 223
CLEARWATER, FL 33764

20-3717839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	BPS, ADVISORY FEE	7005	Yes [ ] No [X]	Yes [ ] No [X]	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 [ ]

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
TSE INDUSTRIES, INC. PROFIT SHARING/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1089552

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: WELLS FARGO STABLE VALUE C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, NA

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)
52-2252209-001	C	39

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVIGATOR CONSERV GRWTH W SENTRY FD

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5398058-073	C	644754

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVIGATOR MODERATE GRWTH SENTRY FD

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5398240-075	C	72662

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVIGATOR CPTL PRESERV W SENTRY FD

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5398058-078	C	472274

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVIGATOR FIXED INCOME FD

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5398058-072	C	495082

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVIGATOR GROWTH ALLOCATION 5

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
40-5398058-074	C	99

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
TSE INDUSTRIES, INC. PROFIT SHARING/401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1089552

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)		
(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)	74718	140720
(9) Value of interest in common/collective trusts	1c(9)	2420672	1684910
(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)	1271212	2406549
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	3766602	4232179
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17645	33478
k Total liabilities (add all amounts in lines 1g through1j)	1k	17645	33478
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3748957	4198701

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)	75605	
(B) Participants	2a(1)(B)	386555	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		462160
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5408	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5408
(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)	40115	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		40115
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	33046	
(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)		33046
(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)		44399
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		585128
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	117342	
(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)		117342
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	18042	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18042
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		135384
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		449744
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: CARR, RIGGS & INGRAM, LLC **(2)** EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN
TSE INDUSTRIES, INC. PROFIT SHARING	461582285

TSE INDUSTRIES
PROFIT SHARING/401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2014 and 2013



TSE Industries Profit Sharing/401(k) Plan
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December 31, 2014 and 2013

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REPORT

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
TSE Industries Profit Sharing/401 (k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TSE Industries Profit Sharing/401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 10, which was certified by MG Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the 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 on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements referred to in the first paragraph.

Other Matter

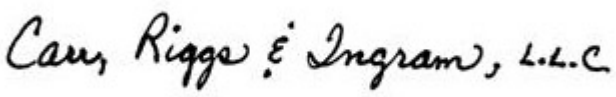
We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year), are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter — 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. 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 (ERISA), the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Wells Fargo and MG Trust Company, LLC, the trustee of the Plan. Their report, dated October 8, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2014

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CARR, RIGGS & INGRAM, LLC

Clearwater, Florida
October 6, 2015

FINANCIAL STATEMENTS

TSE Industries Profit Sharing/401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments at fair value	$ 4,091,459	$ 3,691,884
Notes receivable from participants	140,720	74,718
Total assets	$ 4,232,179	$ 3,766,602
Liabilities:		
Excess deferrals refundable to participants	$ 33,478	$ 17,645
Net assets available for benefits	$ 4,198,701	$ 3,748,957

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

TSE Industries Profit Sharing/401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2014 and 2013

	2014	2013
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair values of investments	$ 77,445	$ 423,442
Dividends, interest, and fund rebates	40,115	29,347
	117,560	452,789
Interest on participant loans	5,408	3,608
Contributions and Rollovers:		
Employer match	75,605	67,132
Participants, net of excess deferrals	386,555	323,974
	462,160	391,106
Total additions	585,128	847,503
Deductions:		
Deductions from net assets attributed to:		
Benefits paid on behalf of participants	117,342	2,727,334
Plan administration and investment expenses	18,042	22,200
Total deductions	135,384	2,749,534
Net increase (decrease)	449,744	(1,902,031)
Net assets available for benefits:		
Beginning of year	3,748,957	5,650,988
End of year	$ 4,198,701	$ 3,748,957

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

NOTE 1: PLAN DESCRIPTION

The following description of the TSE Industries ("TSE") Profit Sharing/401(k) Plan ("Plan") provides general information only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

TSE established a profit sharing plan effective January 1, 1980 that covered all full-time employees of TSE. In response to employee requests, TSE amended the Plan and adopted the 401(k) provisions effective January 1, 1996 and merged the profit sharing plan into the 401(k). Effective with the merger, all employees who had profit sharing balances as of December 31, 1995, became fully vested in these profit sharing funds as of January 1, 1996.

The Profit Sharing/401(k) Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Economic Growth and Tax Relief Reconciliation act of 2001 (EGGTRA) and has been restated to comply with both.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. IRS however imposes dollar limits on both the amount of compensation that can be taken into account ($255,000 for 2014 and 2013) and the maximum deferral amount ($17,500 for 2014 and 2013) that a participant can contribute annually plus limits on additional "catch up" contributions for those over 50 years of age ($5,500 for both 2014 and 2013). Participants may also contribute amounts representing distributions rolled over from other qualified employer retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan. As of December 31, 2014 the Plan offered 45 mutual funds and pooled common & collective funds as investment options for participants. TSE may make discretionary matching contributions based on a percentage of all employees' contributions subject to the IRS dollar limits. The Board of Directors of TSE approved matching contributions of 20% for 2013 and 18% for 2014 of all employees' elective deferral contributions made in the respective years.

Participant Accounts

Each participant's account is credited with the participant's pre–tax contribution, the Company matching contribution and allocations of plan earnings on investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1: PLAN DESCRIPTION (Continued)

Vesting

Participants' are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contributions and earnings thereon is based on a graded percentage for up to 6 years of continuous service.

	Years of Service						
	Less than 1	1	2	3	4	5	6
Percentage vested	0%	0%	20%	40%	60%	80%	100%

Forfeitures

Employer matching contributions credited to participants who terminate and are not yet fully vested are forfeited and retained by the Plan. Accumulated forfeiture funds are to be used by the Plan as follows:

1) Pay Plan expenses such as investment fees, administration fees and audit costs.
2) Reduce employer/sponsor matching contributions.
3) Allocate to eligible participants.

Funds from the forfeiture account were used to pay $4,149 and $3,027 of Plan expenses during 2013 and 2014, respectively. The balance in the forfeiture account was $1,396 as of December 31, 2013 and $5,043 as of December 31, 2014.

Participant Loans

Participants may borrow from their fund accounts a minimum of $ 1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined upon issuance by the Plan administrator. The rates for outstanding loans range between 4.25% and 9.25%. Principal and interest are paid ratably through biweekly payroll deductions. At December 31, 2014 and 2013, participant notes receivable in the amount of $140,720 and $74,718, respectively, were outstanding.

NOTE 1: PLAN DESCRIPTION (Continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or their designated beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over amortized periods. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may also receive a distribution in cases of financial hardship and may elect to receive an "in service withdrawal" if employed beyond achieving age 59 1/2.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through October 6, 2015, which is the date that the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Shares of registered investment companies (mutual funds) are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Units of collective investment funds are valued at the net asset value of the funds derived from their respective audited financial statements. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) also includes the Plan's realized gains and losses on investments bought and sold.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Participant loan fees and investment expenses are paid by the borrower/participant out of their respective account balances. When forfeitures are insufficient to pay plan expenses the Plan Sponsor pays them.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE 3: INVESTMENTS

The following presents aggregate value of investments that represent 5% or more of the Plan's net assets at the respective year end.

Fund Family	Investment - Fund Name	12/31/14	% of Total Plan Net Assets
Vanguard	Vanguard Prime Money Market Inv	$ 808,385	19.25%
Navigator	Navigator Conservative Growth Allocation w/Sentry	644,754	15.36%
Navigator	Navigator Fixed Income Allocation 5	495,082	11.79%
Navigator	Navigator Capital Preservation Fund w/Sentry Class 5	472,275	11.25%
Vanguard	Vanguard 500 Index Inv	245,869	5.86%
Barclays	SPDR Barclays High Yield Bond-ETF	229,613	5.47%

Fund Family	Investment - Fund Name	12/31/13	% of Total Plan Net Assets
Wells Fargo	Wells Fargo Stable Value C	$ 912,792	24.35%
Navigator	Nav Conserv Growth	567,955	15.15%
Navigator	Navigator Cap Preservation	465,231	12.41%
Navigator	Navigator Fixed Income 5	418,834	11.17%
American	American Funds Money Market	256,811	6.85%
State St. Advisors	Barclays Cap High Yield Bd	205,437	5.48%

NOTE 3: INVESTMENTS (Continued)

The plan's investments in mutual funds, pooled, common and collective funds (including investments bought, sold and held during the year) experienced net capital gains and net appreciation in value as follows:

	December 31,	
	2014	2013
Mutual funds	$ 33,046	$ 303,418
Common and collective funds	44,399	120,024
Total	$ 77,445	$ 423,442

NOTE 4: TAX STATUS

In March 2013, the Plan changed the trustee, investment advisor and record keeper removing Wells Fargo Retirement Services who had previously provided those services. The Plan engaged MG Trust Company, LLC to serve as trustee, Penservco, Inc. as investment advisor, and LPL Financial as investment record keeper. In November 2014, the investment record keeper was changed to Aspire Financial Services following the acquisition of LPL by a third party. Accordingly, the Plan adopted the Penservco. Inc. has received favorable determination. Accordingly, the Plan trustee and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5: PLAN TERMINATION

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

NOTE 6: RISK AND UNCERTAINTIES

The Plan allows participants to invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7: PLAN EXPENSES

In May of 2005 the Plan was amended to allow payment of Plan administration expenses to be paid from accumulated forfeiture funds to the extent available. $22,200 and $18,042 of Plan expenses were paid either from forfeiture funds or from participant income on their Plan assets during 2013 and 2014, respectively.

Due to lack of sufficient funds in the forfeiture account the Plan sponsor paid the independent auditor fees of $8,000 in 2013 and $8,200 in 2014 and record keeper and trustee fees of $4,997 in 2013 and $3,325 in 2014.

NOTE 8: EXCESS DEFERRALS

Amounts deferred and contributed to the plan by certain active employee participants during a plan year, which are deemed by regulatory non-discrimination testing to be in excess of allowed amounts, are repaid to those participants in the following year. The total of such excess deferrals refundable to employee participants is reflected as a liability of the plan on the Statement of Net Assets Available for Benefits and as a reduction of contributions from employee participants on the Statement of Changes in Net Assets Available for Benefits. The Plan distributed the 2014 excess contributions to the applicable participants prior to March 15, 2015.

NOTE 9: FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation method include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 9: FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

Level 1 Fair Value Measurements:
The fair values of mutual funds are based on net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements:
The collective investment funds are managed by Wells Fargo Bank. Wells Fargo's collective investment funds are available only to certain employee benefit trusts, including TSE Industries Profit Sharing/401(k) Plan. Each fund is a customized portfolio of publicly traded securities, bonds, US treasuries, insurance investment contracts and wrapper contracts, and cash funds. Investments in the funds are stated at estimated fair values, based on quoted market prices, or if quoted market prices are not available, then the fair value is based upon management estimates under various methods, using observable market data where available. Short–term securities and temporary investments are stated at cost, which approximates fair value. On the valuation date, the fair value of each fund is divided by the number of units then outstanding in order to determine the fair value of each unit of each fund. The funds are audited by an independent certified public accounting firm.

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

NOTE 9: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2014 and 2013:

		Fair Value Measurements Using: Quoted Prices	
	Total	Level 1	Level 2
December 31, 2014			
Mutual Funds	$ 2,406,549	$ 2,406,549	$ -
Collective Investment funds	1,684,910	-	1,684,910
	$ 4,091,459	$ 2,406,549	$ 1,684,910
December 31, 2013			
Mutual Funds	$ 1,271,212	$ 1,271,212	$ -
Collective Investment funds	2,420,672	-	2,420,672
	$ 3,691,884	$ 1,271,212	$ 2,420,672

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. No such transfers were recorded for the years ending December 31, 2014 and 2013.

NOTE 10: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	December 31, 2014	December 31, 2013
Investments at fair value	$ 2,406,549	$ 1,271,212
Net appreciation in fair value of investments	$ 77,445	$ 423,442
Interest and dividends	$ 40,115	$ 29,347

NOTE 11: DELINQUENT PARTICIPANT CONTRIBUTIONS

There was a black out period to facilitate a change in record keepers. The Plan Administrator misunderstood the record keeper's instructions and the payment was late. Participant contributions of $20,039 were withheld from participants' pay on a bi-weekly basis during 2014 but were remitted to the Plan subsequent to 15 days following the month in which the participant contributions were withheld. Therefore the participant contributions were not remitted within the time frame required by the Department of Labor under the plan asset rules. All such transactions have been corrected.

SUPPLEMENTAL INFORMATION

TSE Industries Profit Sharing/401(k) Plan
Schedule of Assets Held at End of Year
December 31, 2014
Sponsor FEIN 59-1089558 Plan 001
Schedule H, Line 4i

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Vanguard	Vanguard Prime Money Market Inv	$ 808,385
	Navigator	Navigator Conservative Growth Allocation w/Sentry*	644,754
	Navigator	Navigator Fixed Income Allocation 5*	495,082
	Navigator	Navigator Capital Preservation Fund w/Sentry Class 5*	472,275
	Vanguard	Vanguard 500 Index Inv	245,869
	Barclays	SPDR Barclays High Yield Bond-ETF	229,613
	American Funds	American Funds Money Market R5	198,012
	Dodge & Cox	Dodge & Cox International Stock	183,997
	Vanguard	Vanguard Mid-Cap Value Index Inv	165,641
	Vanguard	Vanguard Emerging Mkts Stock Idx	128,590
	Vanguard	Vanguard Interm-Term Bond Index Inv	111,490
	Navigator	Navigator Moderate Growth Allocation w/ Sentry 5*	72,474
	Vanguard	Vanguard Health Care Inv	57,090
	Vanguard	Vanguard Small Cap Index Inv	52,555
	Vanguard	Vanguard Growth Index Inv	41,543
	BlackRock State Street	BlackRock Science & Technology Opp Inv A	31,425
	Vanguard	Vanguard International Growth Inv	28,754
	Vanguard	Vanguard Extended Market Idx Inv	27,790
	Franklin Templeton	Franklin Gold and Precious Metals A	21,681
	Vanguard	Vanguard Small Cap Growth Index Inv	20,931
	Vanguard	Vanguard Value Index Inv	16,868
	Fidelity	Fidelity OTC	12,705
	Vanguard	Vanguard Utilities ETF	9,668
	Vanguard	Vanguard Inflation-Protected Secs Inv	6,254
	John Hancock	JHancock Bond R6	1,866
	John Hancock	JHancock3 Disciplined Value R6	1,685
	Vanguard	Vanguard Materials ETF	902
	Vanguard	Vanguard LifeStrategy Moderate Gr Inv	853
	T. Rowe Price	T. Rowe Price Global Technology	629
	Oppenheimer	Oppenheimer Global Opportunities Y	534
	Oppenheimer	Oppenheimer International Small Co A	383
	Oppenheimer	Oppenheimer International Diversified A	324
	ISHARES	iShares MSCI EAFE Value Index-ETF	206
	Navigator	Navigator Aggressive Growth Allocation 5*	188
	Fidelity	Fidelity Government Income	120
	Vanguard	Vanguard Short-Term Federal Inv	101
	Navigator	Navigator Growth Allocation 5*	99
	Vanguard	Vanguard LifeStrategy Growth Inv	83
**	Wells Fargo	Wells Fargo Stable Value C	39
			$4,091,459
		Notes/loans Receivable from Participants 4.25% to 9.25%	140,720
		Total Assets Held at end of year December 31, 2014	$4,232,179

* Collective Investment Trust

**Wells Fargo was a Party in Interest Service Provider as Trustee, Investment Advisor and record keep until March 18, 2013

Note: Column D is not included as it is not applicable

TSE Industries Profit Sharing/401(k) Plan
Schedule of Delinquent Participant Contributions
December 31, 2014
Sponsor FEIN 59-1089552 Plan 01
Schedule H, Line 4a

Participant Contributions transferred Late to Plan	**Total that Constitute Nonexempt Prohibited transactions**			**Total Fully Corrected Under VFCP and PTE 2002-51**
Check here if Late Participant Loan Repayments are included:☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 20,039		$ 20,039		

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

For the plan year beginning **01/01/2014** and ending **12/31/2014**

Name of plan
TSE Industries, Inc. Profit Sharing/401(k) Plan

Employer Identification Number
59-1089552

Three-digit plan number ► **001**

(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
*	AMERICAN FUNDS	AMERICAN FUNDS MM R5		198,012
*	BLACKROCK	BLACKROCK SCIENCE & TECH A		31,425
*	DODGE & COX	DODGE & COX INTL STOCK FD		183,997
*	FIDELITY	FIDELITY GOVT INCOME FD		120
*	FIDELITY	FIDELITY OTC PORTFOLIO		12,705
*	FRANKLIN	FRANKLIN GOLD & PREC METALS A		21,681
*	ISHARES	ISHARES TR MSCI VAL IDX		206
*	JOHN HANCOCK	JOHN HANCOCK BOND FUND CLASS		1,866
*	JOHN HANCOCK	JH DISCIPLINED VALUE FD		1,685
*	NAVIGATOR	NAVIGATOR CAPITAL PRESV		472,275
*	NAVIGATOR	NAVIGATOR GLOBAL BALANCED		99
*	NAVIGATOR	NAVIGATOR GLOBAL GROWTH		72,662
*	NAVIGATOR	NAVIGATOR GLOBAL GROWTH &		644,754
*	NAVIGATOR	NAVIGATOR US FIXED INC FD		495,082
*	OPPENHEIMER	OPPENHEIMER GLOBAL OPPORTS		534
*	OPPENHEIMER	OPPENHEIMER INTL DIVERSFIED A		324
*	OPPENHEIMER	OPPENHEIMER INTL SMALL CO A		383
*	BARCLAYS	SPDR BARCLAYS CAPITAL HIGH		229,613
*	T. ROWE PRICE	T. ROWE PRICE GLOBAL TECH FD		630
*	VANGURAD	VANGUARD 500 INDEX FD - INV		245,869
*	VANGUARD	VANGUARD EMERG MKTS STK IND		128,590
*	VANGUARD	VANGUARD EXT MARKET IND - INV		27,790
*	VANGUARD	VANGUARD GROWTH INDEX FD - INV		41,543
*	VANGUARD	VANGUARD HEALTH CARE FD		57,090
*	VANGUARD	VANGUARD INFLTN-PROTECT SECS		6,254
*	VANGUARD	VANGUARD INT-TRM BD IND		111,490
*	VANGUARD	VANGUARD INTL GROWTH FD		28,754
*	VANGUARD	VANGUARD LIFSTRT GROWTH FD		83
*	VANGUARD	VANGUARD LIFESTRAT MOD GRTH		853
*	VANGAURD	VANGUARD MATERIAL ETF		902
*	VANGUARD	VANGUARD MID CAP VAL IND		165,641
*	VANGUARD	VANGUARD PRIME MM		808,385
*	VANGAURD	VANGAURD SHT-TRM FEDERAL		101
*	VANGUARD	VANGUARD SMALL CAP GRTH IND		20,931
*	VANGUARD	VANGUARD SMALL CAP IND		52,555
*	VANGAURD	VANGUARD UTILITIES ETF		9,668
*	VANGUARD	VANGUARD VAL IND FD		16,868
*	WELLS FARGO	WELLS FARGO STABLE VALUE FD		39
*	PARTICIPANT LOANS			140,720